



Mobile Crisis Intervention Services is a program funded by the State of Connecticut in partnership with the United Way of Connecticut 2-1-1 and the Child Health and Development Institute (CHDI).



MOBILE CRISIS INTERVENTION SERVICES

Performance Improvement Center (PIC)

QUARTERLY REPORT

FY2024: Quarter 1

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Executive Summary

Note: As of January 2023, Mobile Crisis providers are available for a mobile response 24 hours a day, 7 days a week. Prior to January 2023, a mobile response was only available Monday – Friday 6:00 AM to 10:00 PM and from 1:00 PM to 10:00 PM on weekends. Unless stated otherwise, the data in this report reflects calls during all 24 hours. Select charts continue to break out data by old and new hours to highlight any differences during the expanded hours.

Call and Episode Volume: In the first quarter of FY2024, **2-1-1 received 2,560 calls** including 1,829 calls (71.4%) handled by Mobile Crisis providers and 731 calls (28.6%) handled by 2-1-1 only (e.g., calls for other information or resources, calls transferred to 9-1-1). This quarter saw a 0.8% decrease in total call volume compared to the same quarter in FY2023 (2,580), and a 6.1% decrease in episodes (1,947 in FY2023). Call and episode volume have significantly increased since the height of the pandemic, but still remain below pre-pandemic levels. During this quarter, there was a 22.8% decrease in calls compared to FY2020 Q1 (3,316), and a 24.1% decrease in episodes (2,410 in FY2020 Q1). Of the 2,560 calls this quarter, 320 calls (12.5%) came in during the expanded overnight and weekend hours, including 219 (8.6%) calls handled by Mobile Crisis providers and 101 (4.0%) calls handled by 2-1-1 only.

Among the total **1,829 episodes of care** generated in Q1 FY24, episode volume ranged from 219 episodes (Eastern) to 425 episodes (Hartford). Of these, 219 episodes of care were initiated during the expanded overnight and weekend hours, with episode volume ranging from 18 episodes (Southwestern) to 55 episodes (Western). Relative to the population of children in each service area, the statewide average service reach rate per 1,000 children this quarter was 2.5, with service area rates ranging from 1.5 (Southwestern) to 3.0 (Hartford). Additionally, the number of episodes generated relative to the number of children in poverty in each service area yielded a statewide average poverty service reach rate of 5.3 per 1,000 children in poverty, with service area rates ranging from 3.3 (Southwestern) to 10.8 (Central).

Each quarter, every Mobile Crisis site is required to achieve an overall service reach rate of 2.5 episodes per 1,000 children. For this quarter, 8 of the 14 sites met this benchmark.

Demographics: Statewide this quarter, 51.3% of services were for children reported as female and 48.7% were for those reported as male.¹ **Care for youth ages 13-15 years old comprised the largest portion of services (35.0%).** Additionally, 25.0% of services were for 9-12 year olds, 23.4% were for 16-18 year olds, 11.9% were for 6-8 year olds, and 4.3% were for children age five or younger. The majority of services were for White children (54.6%), while 21.5% were for African-American or Black children. Roughly one-third (31.8%) of services were for youth of Hispanic ethnicity. The majority of youth were insured by Husky A (58.8%) and private insurance (26.4%). Finally, the majority of clients (83.3%) were not DCF-involved.

Clinical Functioning: The most commonly reported primary presenting problems for clients statewide included: Disruptive Behavior (27.7%), Harm/Risk of Harm to Self (24.1%), Depression (10.8%), Anxiety (7.5%), Family Conflict (6.9%), Harm/Risk of Harm to Others (5.7%). The top client primary diagnoses at intake this quarter were: Depressive Disorders (21.7%), Conduct Disorders (17.2%), Adjustment Disorders (14.8%), Anxiety Disorders (13.0%), Trauma Disorders (11.4%), and Attention Deficit/Hyperactivity Disorders (10.0%). This quarter, **62.2% of Mobile Crisis clients statewide met the definition for Serious Emotional Disturbance (SED).** During the expanded overnight and weekend hours, the top primary presenting problems statewide were similar to overall rates. The top primary presenting problems statewide during the expanded overnight and weekend hours included: Disruptive Behavior (24.9%), Harm/Risk of Harm to Self (21.7%), Depression (9.7%), Anxiety (6.8%), Family Conflict (6.2), Harm/Risk of Harm to Others (5.1%).

In this quarter, the **statewide percentage of children with trauma exposure reported at intake was 69.0%**, with service areas ranging from 62.6% (Southwestern) to 77.9% (Central). The most common types of trauma exposure reported at intake statewide were: Disrupted Attachment/Multiple Placements (26.6%), Witnessing Violence (18.4%), Victim of Violence (16.0%), and Sexual Victimization (13.5%).

¹ Per question regarding "Sex Assigned at Birth".

The statewide rate for **the percentage of children evaluated in an Emergency Department once or more in the six months prior to a current episode of care was 28.3%**, higher than 23.8% of the same quarter last fiscal year. During an episode of care, 29.5% of children were evaluated in the Emergency Department at least once, which is higher than 24.5% of the same quarter of FY2023. The inpatient admission rate in the six months prior to Mobile Crisis referral was 16.1% statewide, which is slightly higher than the rate in the Q1 FY2023 (13.9%). The admission rate to an inpatient unit during a mobile crisis episode was 10.5%, compared to the rate of 8.8% in the same quarter last fiscal year.

Referral Sources: Statewide, **25.9% of referrals came from schools, and 55.1% of referrals were received from parents, families and youth.** Emergency Departments (EDs) accounted for 10.8% of all Mobile Crisis referrals. The remaining 3.5% of referrals came from a variety of other sources. During the expanded overnight and weekend hours, the majority of referrals were from parents, family, and youth (68.9%) and emergency departments (23.3%).

ED utilization of Mobile Crisis varies widely among hospitals in Connecticut. This quarter, a total of **199 Mobile Crisis referrals were received from EDs**, including 96 referrals for inpatient diversion and 103 referrals for routine follow-up. Regionally, the highest rate of ED referrals, as a percentage of total referrals, was observed in the Western service area (27.4%) and the lowest was in the Southwestern service area (1.2%). Statewide, 10.8% of all Mobile Crisis episodes came from ED referrals this quarter, similar to the rate from Q1 FY2023 (12.0%).

Mobility: The average **statewide mobility this quarter was 92.3%**, similar the rate in Q1 FY2023 (92.2%). Police referrals are excluded from mobility calculations. Five of the six service areas met the benchmark of 90% this quarter. Mobility rates among service areas ranged from 87.0% (Eastern) to 96.1% (Western). The mobility rates among individual providers ranged from 85.6% (UCFS:SE) to 97.4% (Wellmore: Waterbury). Eight of the 14 providers surpassed the 90% benchmark. The overall mobility rate benchmark was exceeded during the traditional mobile crisis hours (93.9%) but not during the expanded overnight and weekend hours (79.5%). During the new hours, 37.6% of episodes received a mobile response, 26.1% received a deferred mobile response, and 36.2% received a non-mobile response; in the traditional hours, 60.9% of these episodes received a mobile response, 17.7% received a deferred mobile response, and 21.4% received a non-mobile response. Note that these numbers appear different from the mobility rate reported earlier because the mobility rate only factors in calls where the caller is requesting a mobile or deferred mobile response. There are a subset of calls that receive non-mobile, phone-only support at the request of the caller.

Response Time: Statewide this quarter, **80.1% of mobile episodes received a face-to-face response in 45 minutes or less.** Performance on this indicator ranged from 74.0% (New Haven) to 91.7% (Eastern), with three of the six service areas above the 80% benchmark. Across the state, ten of the 14 providers met the benchmark. In addition, the statewide median response time this quarter was 30 minutes. During the expanded hours, there was a greater range of performance. Statewide, 57.5% of mobile episodes received a response within 45 minutes during these new hours, with performance ranging from 40.0% (New Haven) to 100% (Eastern).

Length of Stay: Among discharged episodes statewide this quarter, 16.0% of Phone Only episodes exceeded one day, 34.7% of Face-to-Face episodes exceeded five days, and **0.2% of Stabilization Plus Follow-up episodes exceeded 45 days**, meeting the statewide benchmark of less than 5%. The statewide median LOS among discharged episodes was less than one day for Phone Only, 4.0 days for Face-to-Face episodes, and 13.0 days for *Stabilization Plus*.

Statewide, the median Length of Stay (LOS) for open episodes of care with a Crisis Response of Phone Only was 27.5 days and ranged from 0 days (Eastern and New Haven) to 58.0 days (Hartford). The statewide median LOS for Face-to-Face was 9.0 days and ranged from 2.0 days (Eastern) to 19.0 days (Hartford). For *Stabilization Plus Follow-up*, the statewide median LOS was 8.0 days with a range from 3.0 days (Eastern) to 10.0 days (Central and Southwestern). Across open episodes of care with phone and face-to-face crisis response categories during the first quarter of FY2024, 100.0% of phone-only and 100.0% of face-to-face episodes remained open beyond the benchmarks (1 day for Phone Only, 5 days for Face-to-Face). For open *Stabilization Plus Follow-up*, there was a wide range of cases remaining open past the benchmark (45 days). Statewide, 4.9% of these open cases exceeded the benchmark, while regionally this ranged from 0.0% (Eastern) to 33.3% (New Haven). Cases that remain open for services for long periods of time can impact responsiveness as call volume continues to increase and can compromise accurate and timely data entry.

Discharge Information: The overwhelming **majority of clients lived in a private residence at discharge from Mobile Crisis (94.2%).** Statewide, the **top three reasons for client discharge** were: Met Treatment Goals (71.5%), Family Discontinued (17.0%), and Client Hospitalized: Psychiatrically (7.4%).

Statewide, clients were most likely to be referred to **outpatient services (32.0%) or to their original provider (28.1%) at discharge.** Other care referrals at discharge included: Intensive In-Home Services (8.9%), Other Community Based Services (4.2%), Intensive

Outpatient Program (3.4%), Inpatient Hospital Care (3.9%), and Care Coordination (2.4%). An additional 13.4% of clients were reported as receiving no referral at discharge.

Across the state, Ohio Scales showed an average improvement of 2.48 points on worker-rated functioning, while parent-rated functioning scales showed an increase of 1.71 points on average. Similarly, worker-rated Problem Severity Scales showed an average decrease of 2.85 points, while parent-rated Problem Severity Scales showed a decrease of 2.19 points on average. Changes in parent and worker-rated functioning and parent and worker-rated problem severity scores were found to be statistically significant at the statewide level.

Completion rates of the Ohio Scales at discharge for the parent scores increased by 3.8 points when compared to the same quarter in FY2023. The completion rate for worker scores increased by 17.4 points compared to FY2023 Q1.

Satisfaction: This quarter, 69 clients/families and 23 other referrers were surveyed regarding their satisfaction with the service; referrers gave favorable ratings to 2-1-1 and Mobile Crisis services. On a 5-point scale, **clients' average ratings of 2-1-1 and Mobile Crisis were 4.91 and 4.79.** Among **other referrers (e.g. schools, hospitals, DCF, etc.), the average ratings of 2-1-1 and Mobile Crisis were 4.99 and 4.88,** respectively. Qualitative comments (see Section X) varied from very satisfied to dissatisfied.

Training Attendance: The **statewide percentage of all thirteen trainings completed by full-time active staff as of October 2023 is 6%.** This percentage is the same as the percentage of full-time staff who had completed all trainings in FY2023 Q1 at 6%.

Community Outreach: The number of outreaches ranged from 0 (Wheeler: Meriden, CFGC: Norwalk and CFGC:EMPS) to 12 (UCFS:SE).

SFY 2024 Q1 RB1 Report Card: Mobile Crisis Intervention Services

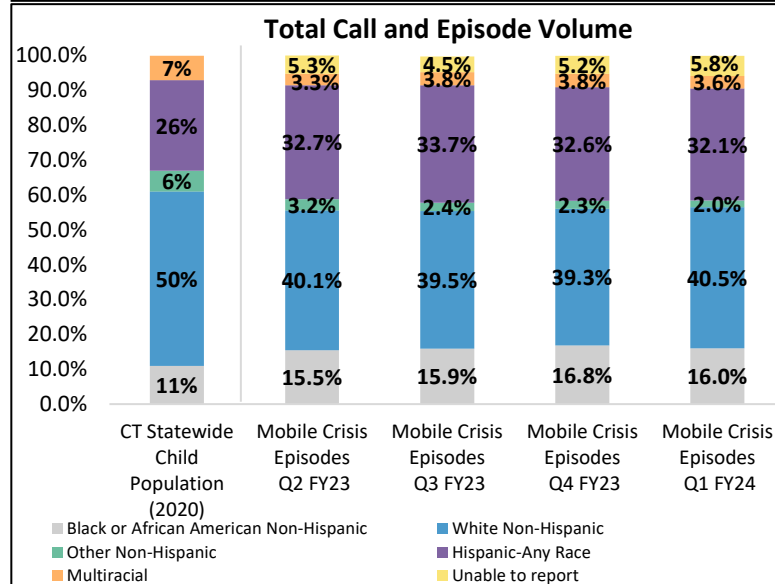
Quality of Life Result: Connecticut's children will live in stable environments, safe, healthy and ready to lead successful lives.

Contribution to the Result: The Mobile Crisis services provide an alternative, community based intervention to youth visits to hospital emergency rooms, inpatient hospitalizations and police calls that could remove them from their home and potentially negatively impact their growth and success. Mobile Crisis providers are expected to respond to all episodes of care. Partners with DCF include Child and Health Development Institute (CHDI) as the Performance Improvement Center.

Program Expenditures: Estimated SFY 2024

State Funding: \$21,871,608

How Much Did We Do?



	Q1 FY23	Q2 FY23	Q3 FY23	Q4 FY23	Q1 FY24
Mobile Crisis Episode	1,947	3,394	4,037	3,057	1,829
2-1-1 Only	633	988	1,181	1,085	731
Total	2,580	4,382	5,218	4,142	2,560

Story Behind the Baseline: In SFY 24 Q1, there were 2,560 total calls to the 2-1-1 Call Center resulting in 1,829 episodes of care. Compared to the same quarter in SFY 23 this represents a decrease in call volume of 0.8% (20 fewer calls) and a decrease in mobile episodes of 6.1% (118 fewer episodes). The numbers of episodes and calls remain lower than pre-pandemic levels (3,316 total calls in FY20 Q1). The percentages of both Black and Hispanic children served continues to be higher than the statewide population, while the percentage of White children is lower. The racial composition of children served is similar to SFY23 Q1. **Trend: →**

Episodes Per Child SFY 2024

Quarterly Breakdown						Past Year: FY23 Q2 - FY24 Q1		
	FY2023 Q1	FY2023 Q2	FY2023 Q3	FY2023 Q4	FY2024 Q1	Total	DCF*	Non-DCF*
1	1590 (91.5%)	2660 (89.4%)	3133 (88.9%)	2400 (89.2%)	1385 (88.0%)	7905 (78.9%)	588 (74.8%)	5523 (81.0%)
2	117 (6.7%)	257 (8.6%)	324 (9.2%)	237 (8.8%)	150 (9.5%)	1399 (14.0%)	116 (14.8%)	892 (13.1%)
3	23 (1.3%)	47 (1.6%)	46 (1.3%)	43 (1.6%)	26 (1.7%)	414 (4.1%)	45 (5.7%)	243 (3.6%)
4 or more	7 (0.4%)	12 (0.4%)	22 (0.6%)	12 (0.4%)	13 (0.8%)	302 (3.0%)	37 (4.7%)	163 (2.4%)

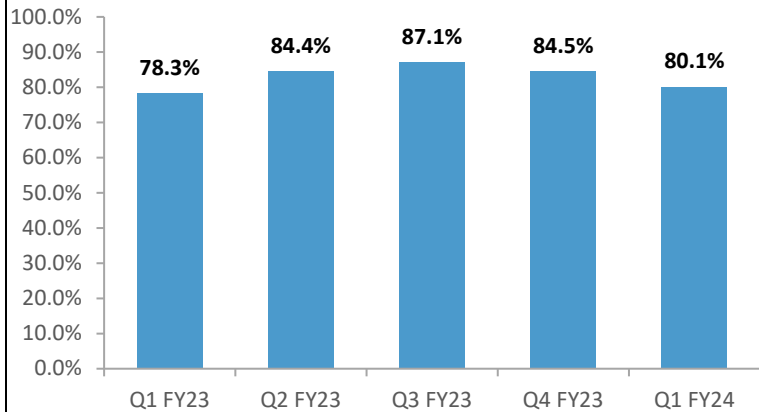
Story Behind the Baseline: In SFY 24 Q1, of the 1,574 children served by Mobile Crisis 88.0% (1,385) received only one episode of care, and 97.5% (1,535) received one or two episodes of care; compared to 91.5% (1,590) and 98.3% (1,707) respectively for SFY 23 Q1. The proportion of children with four or more episodes is similar to SFY 23 Q1. Over the past year, of the 10,020 children served, 78.9% (7,905) had only one episode while 92.9% had only one or two episodes. The data indicates that most children and families require only one episode of care.

Trend: →

*Note: Only children that had their DCF or non DCF status identified were reported

How Well Did We Do?

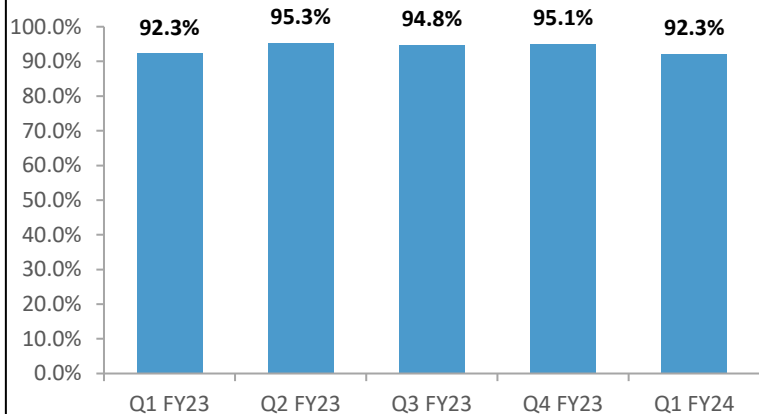
Statewide Response Time Under 45 Minutes



Story Behind the Baseline: In SFY 24 Q1, 80.1% of all mobile responses achieved the 45-minute mark compared to 78.3% for SFY 23 Q1. The median response time for SFY 24 Q1 was 31 minutes. Response time has improved since last year, where agencies were seeing the impacts of statewide staffing shortages. Mobile Crisis continues to be a highly responsive statewide service system that is present to engage and deescalate a crisis and return stability to the child and family, school or other setting they are in.

Trend: ↑

Statewide Mobility Rate

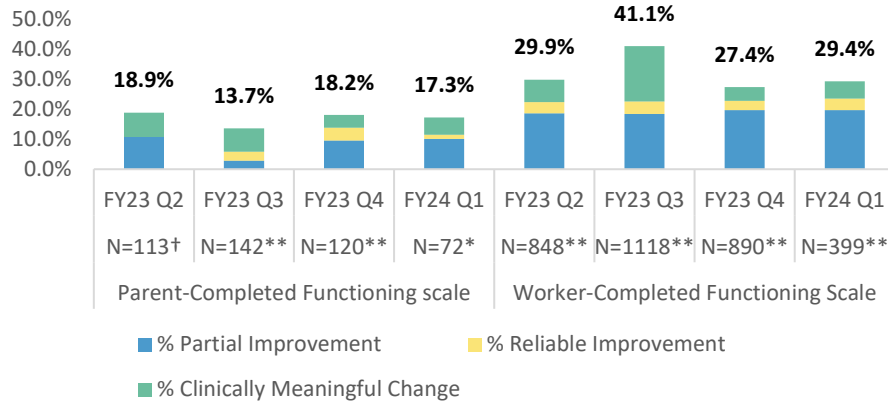


Story Behind the Baseline: In SFY 24 Q1, 92.3% of all mobile responses achieved the 45 minute mark, the same as SFY23 Q1. Mobile Crisis continues to provide children and families with a face-to-face response at a high rate.

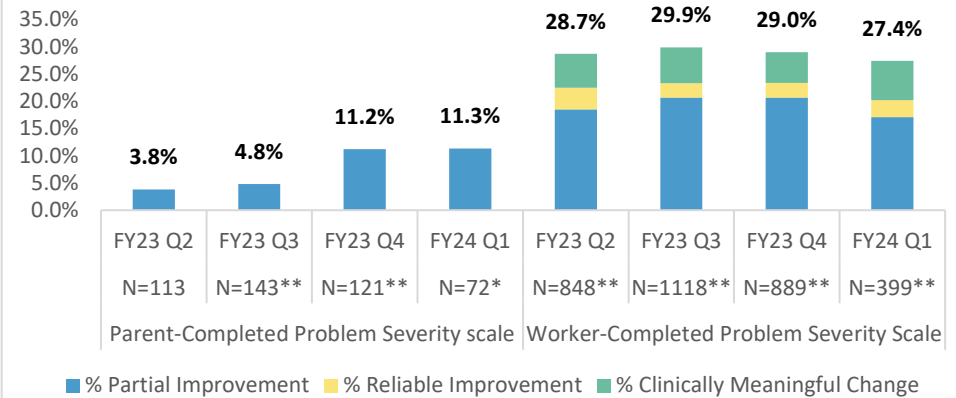
Trend: →

Is Anyone Better Off?

Improvement in Functioning as Measured by the Ohio Scales



Improvement in Problem Severity as Measured by the Ohio Scales



Story Behind the Baseline: The Ohio Scales have demonstrated clinically significant positive changes for children following a Mobile Crisis response. For SFY 24 Q1, all Ohio scales showed statistically significant change. Despite the relative short time of service engagement, the Ohio Scales reflect the continued effectiveness of Mobile Crisis in defusing the immediate crisis and supporting the positive growth and success of youth.

Trend: →

¹Note: Statewide Ohio Scales Scores are based on paired intake and discharge scores. Discharge scales only collected for episodes 5 days or longer. ²Note: Statistical Significance: † .05-.10; * P < .05; **P < 0.01

Proposed Actions to Turn the Curve:

- Mobile Crisis providers will work with schools and Emergency Departments to reduce school utilization of ED's and increase utilization of Mobile Crisis.
- Continue outreach to Police Departments to support their ongoing collaboration with Mobile Crisis.
- Continue to increase the parent completion rates for the Ohio Scales.
- Review with each provider their self-care activities to support their clinical staff in being continuously effective in delivering Mobile Crisis services.
- Continue to review RBA report cards on a quarterly basis with each Mobile Crisis provider, with a focus on the racial and ethnic distributions of the children served in each region.
- Continue to monitor how providers are addressing COVID-19 challenges and providing additional supports or resources if needed.

Data Development Agenda:

- Explore Mobile Crisis data to assess utilization and delivery of services across racial and ethnic groups and to identify opportunities to improve health equity.
- Work with providers to identify and accurately capture changes in volume and service delivery due to COVID-19.

Section II: Mobile Crisis Statewide/Service Area Dashboard

Figure 1. Total Call Volume by Call Type

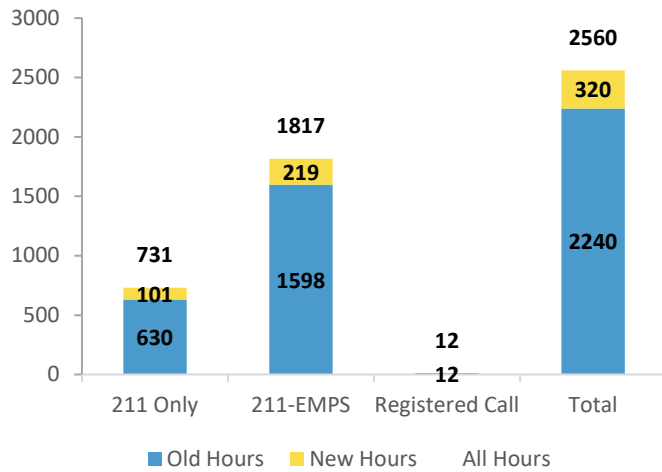


Figure 2. Total Call Volume per Quarter by Call Type

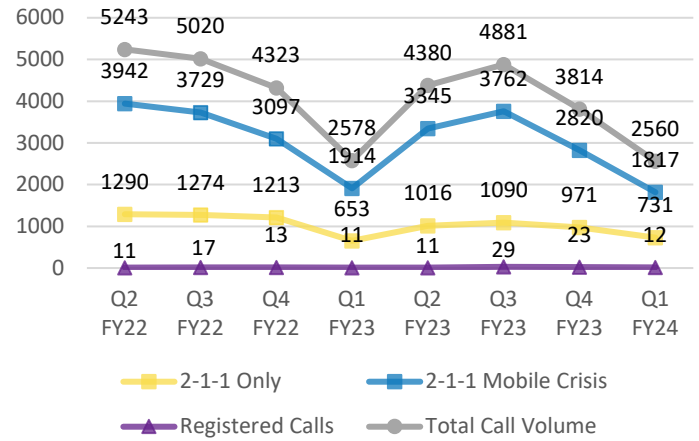


Figure 3. Mobile Crisis Episodes by Service Area

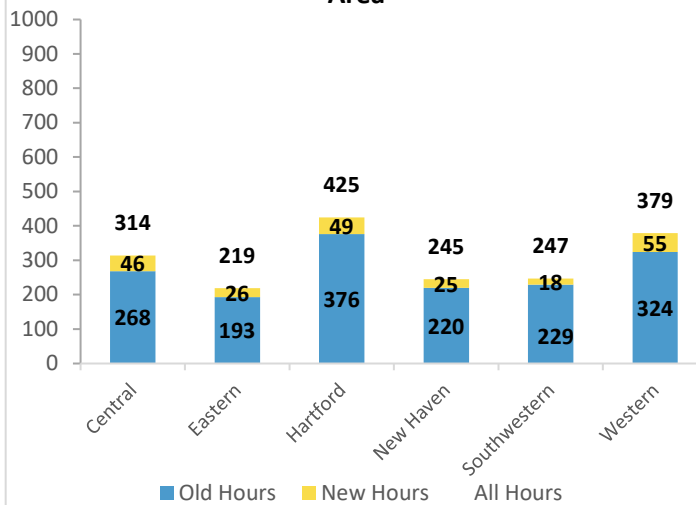


Figure 4. Mobile Crisis Episodes per Quarter by Service Area

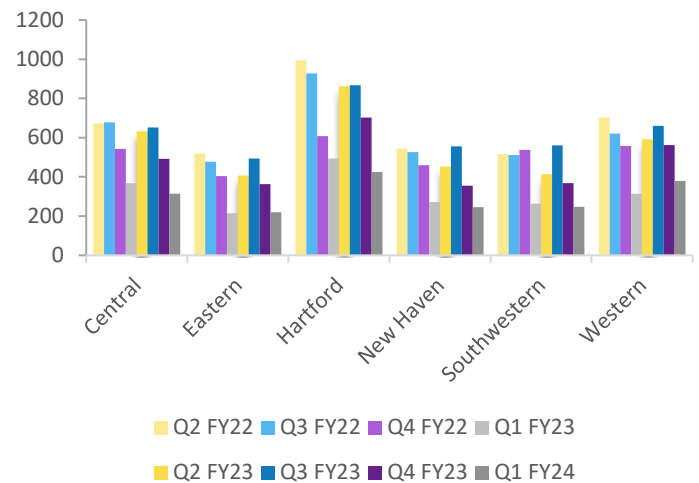


Figure 5. Number Served Per 1,000 Children

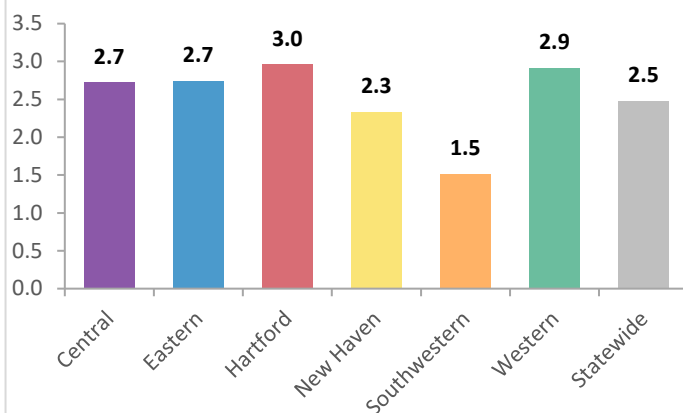


Figure 6. Number Served per 1,000 Children per Quarter by Service Area

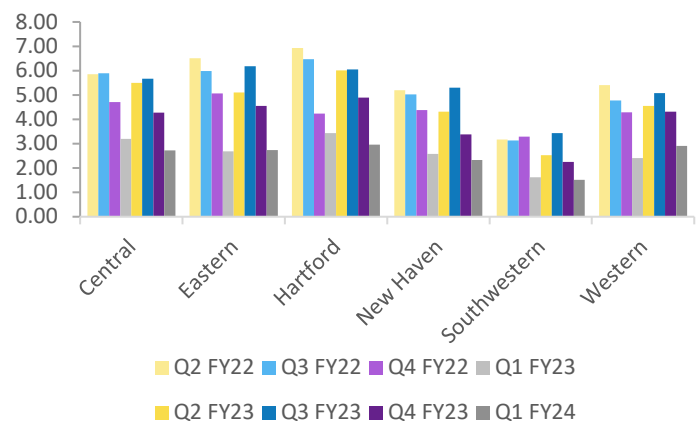


Figure 7. Number Served per 1,000 Children in Poverty

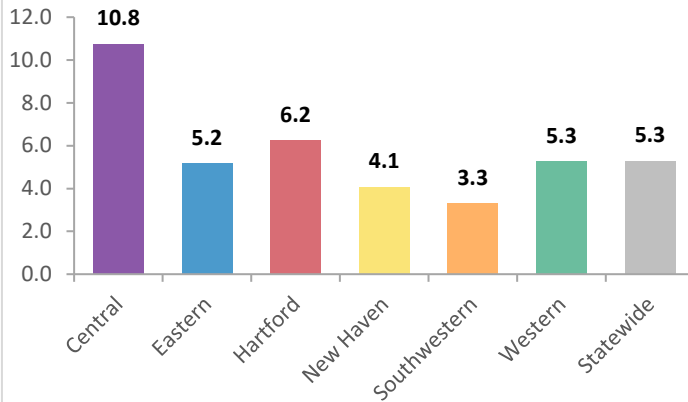


Figure 8. Number Served per 1,000 Children in Poverty per Quarter by Service Area

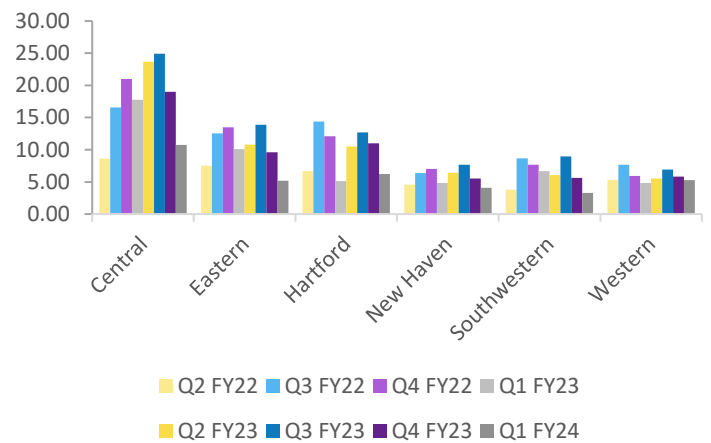
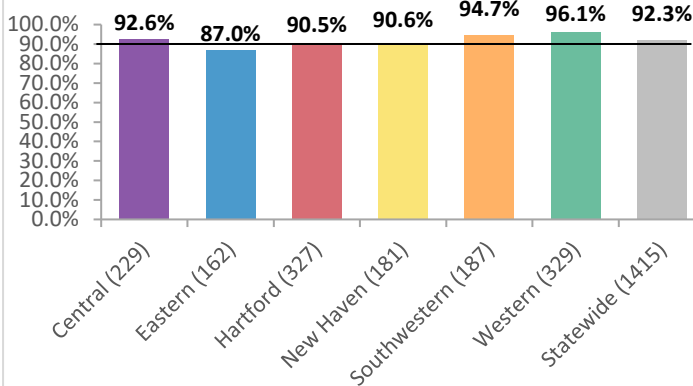


Figure 9. Mobile Response* (Mobile and Deferred Mobile) by Service Area



*Mobility calculation updated – see exec. summary
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis. **Goal:**

Figure 10. Mobile Response (Mobile and Deferred Mobile) per Quarter by Service Area

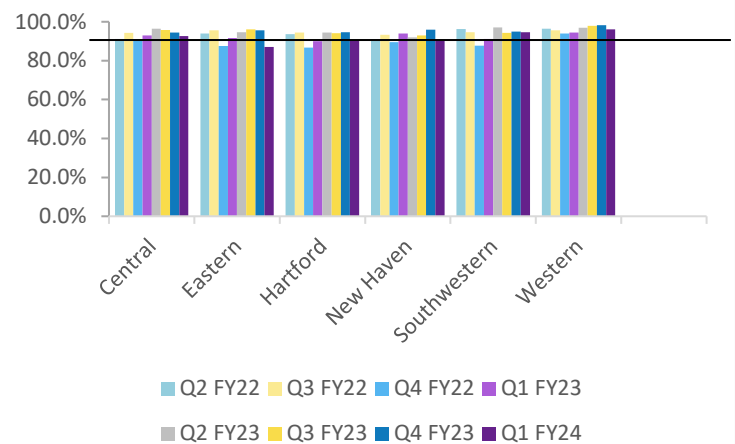
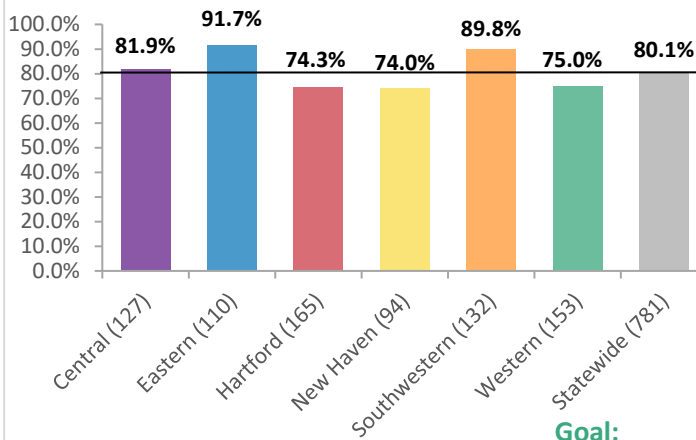
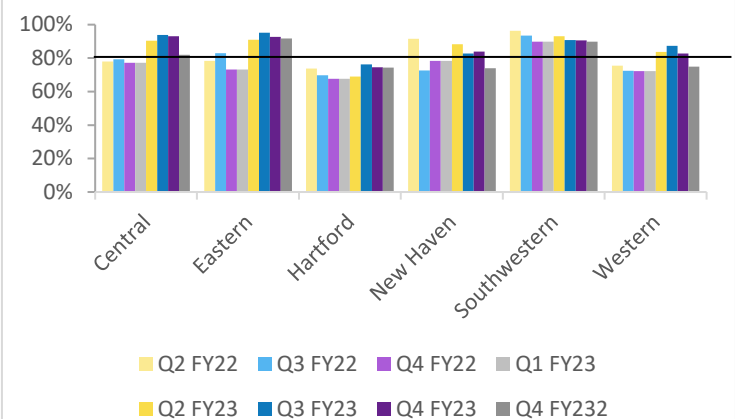


Figure 11. Total Mobile Episodes with a Response Time Under 45 Minutes



Note: Counts of mobile episodes under 45 mins. are in parenthesis. **Goal:**

Figure 12. Total Mobile Episodes with a Response Time Under 45 Minutes per Quarter by Service Area



Section III: Mobile Crisis Response

Figure 13. Total Call Volume by Call Type

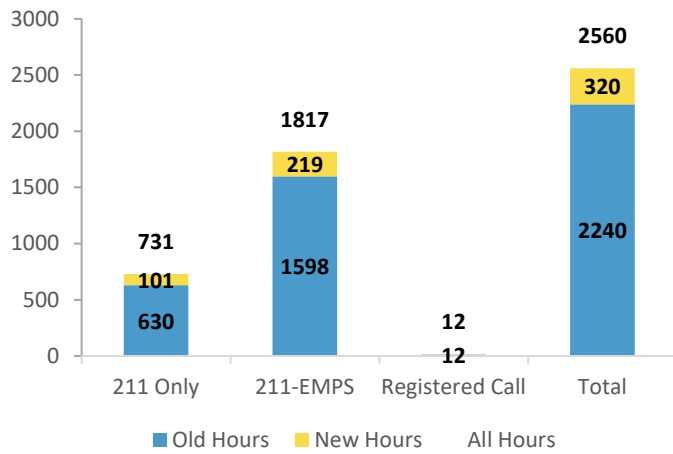


Figure 14. Statewide 2-1-1 Disposition Frequency

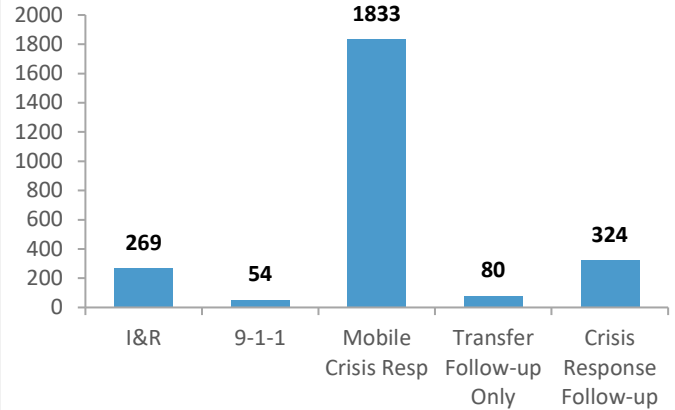


Figure 15. Mobile Crisis Response Episodes by Provider

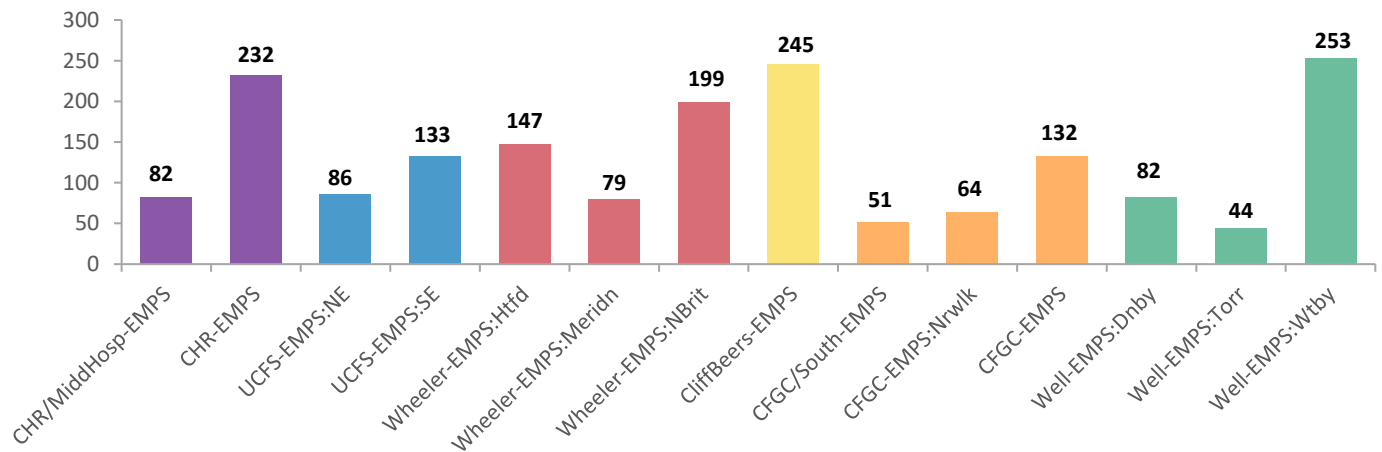
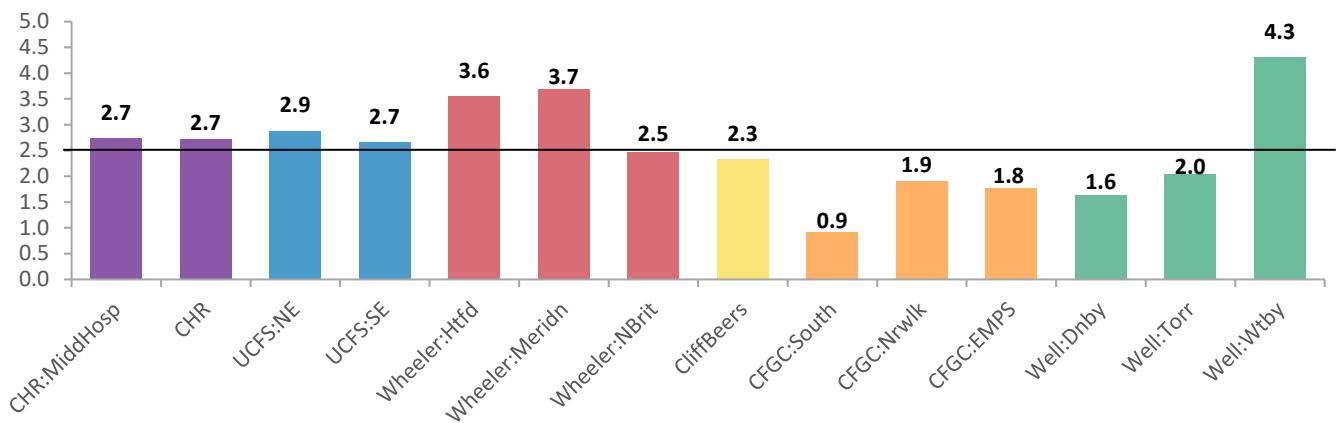


Figure 16. Number Served per 1,000 Children by Provider



Goal: 2.5

Figure 17. Episode Intervention Crisis Response Types by Service Area

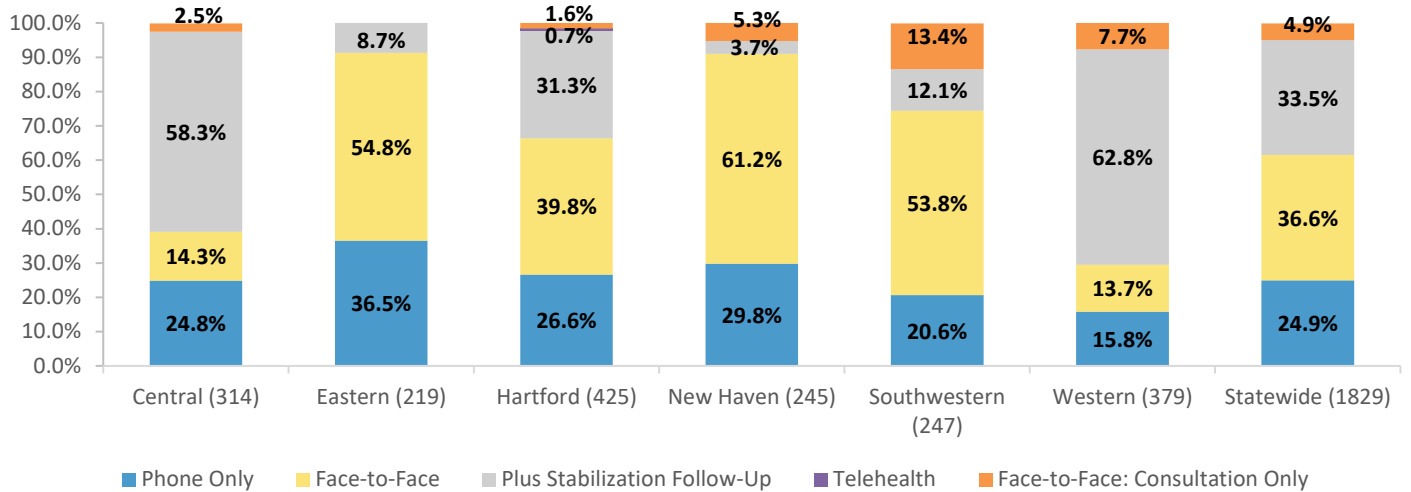
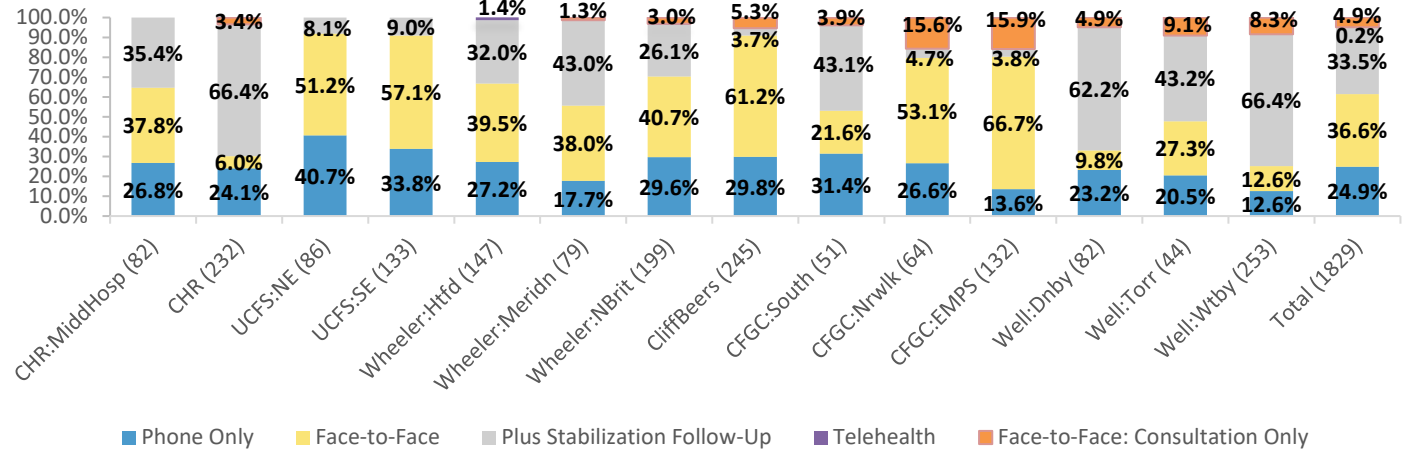


Figure 18. Episode Intervention Crisis Response Type by Provider



Section IV: Demographics

Figure 19. Sex of Children Served Statewide

(N = 1,892)

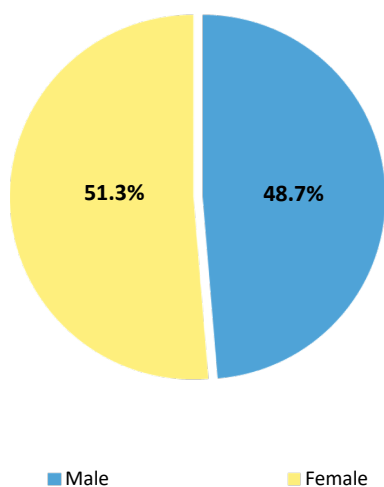


Figure 20. Age Groups of Children Served Statewide

(N = 1,829)

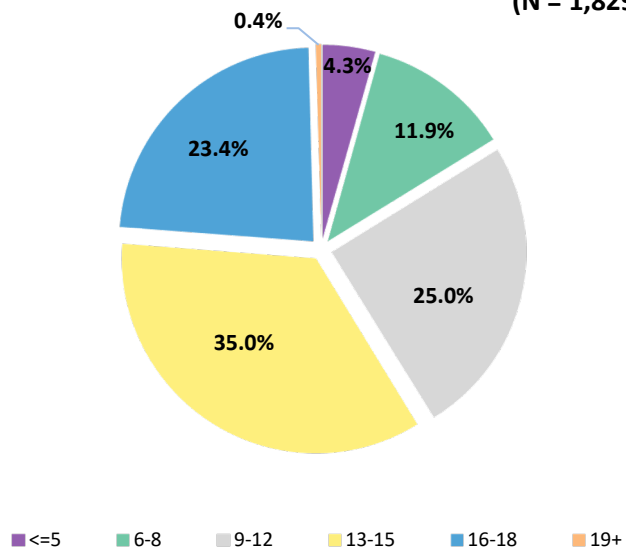


Figure 21. Ethnic Background of Children Served Statewide

(N = 1,754)

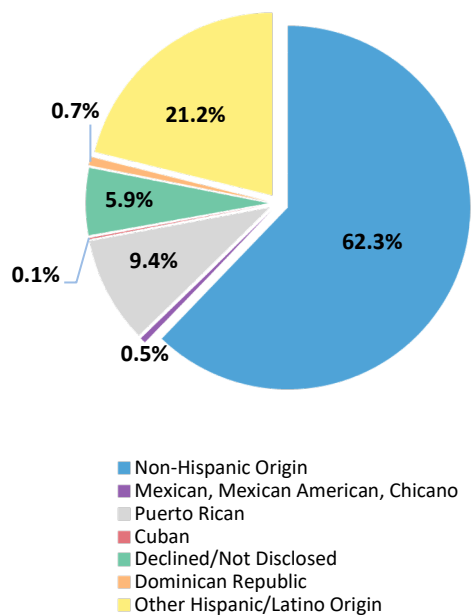
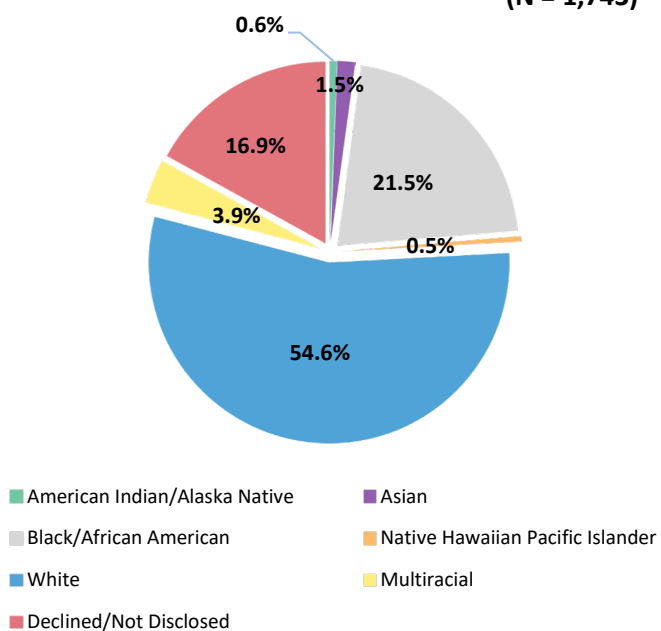


Figure 22. Race of Children Served Statewide

(N = 1,743)



Note: According to the U.S. Census Bureau, “[P]eople who identify their origin as Spanish, Hispanic, or Latino may be of any race...[R]ace is considered a separate concept from Hispanic origin (ethnicity) and, wherever possible, separate questions should be asked on each concept.”

Figure 23. Client's Type of Health Insurance at Intake Statewide

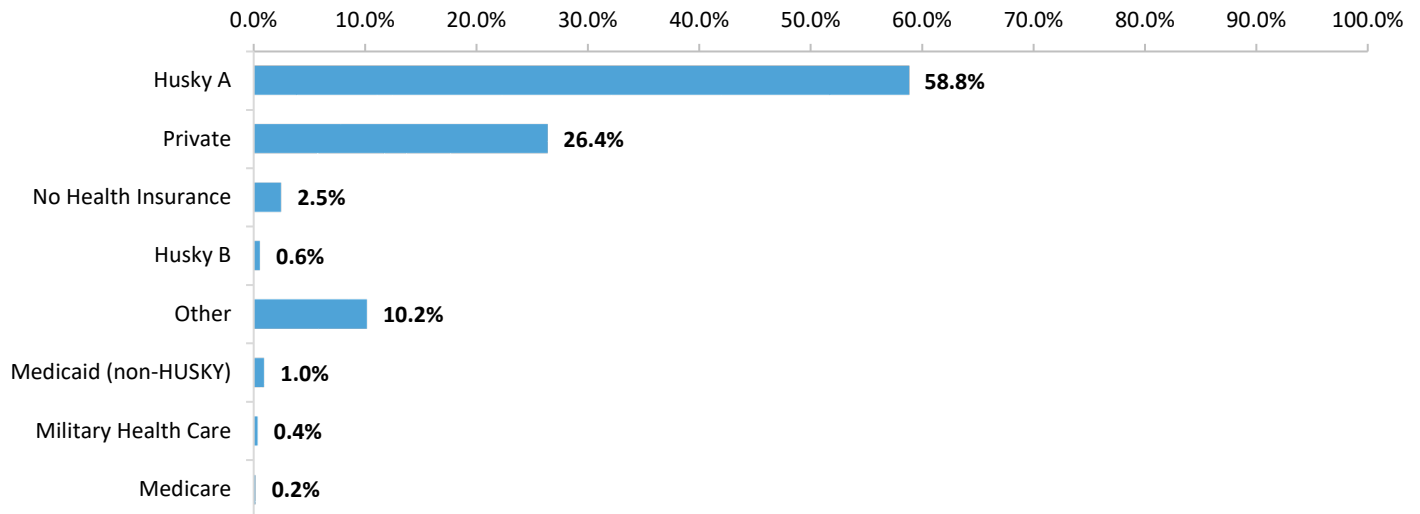
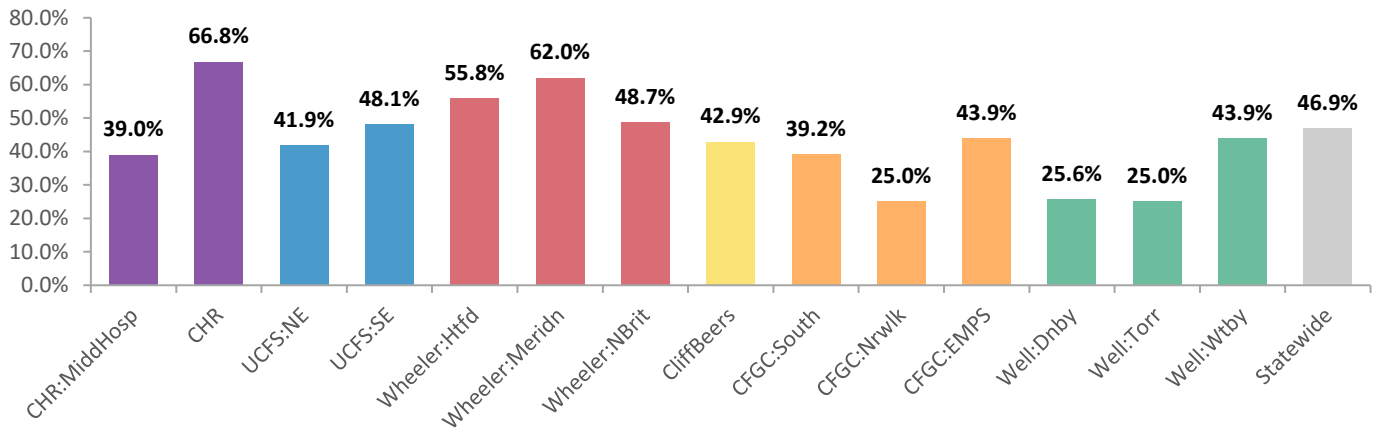
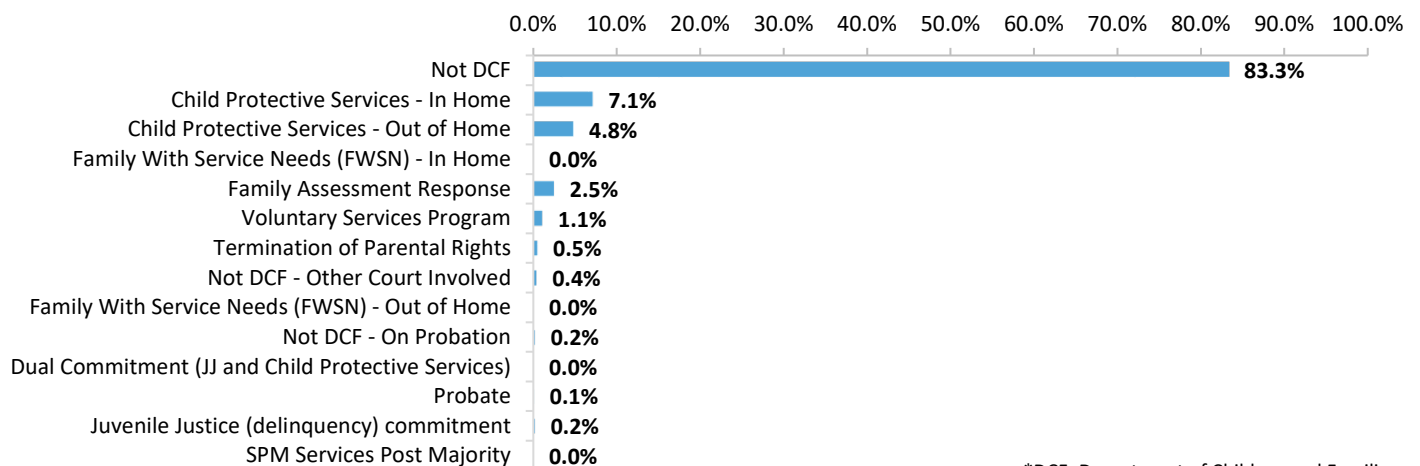


Figure 24. Families that Answered "Yes" TANF* Eligible



*TANF=Temporary Assistance for Needy Families

Figure 25. Client DCF* Status at Intake Statewide



*DCF=Department of Children and Families

Section V: Clinical Functioning

Figure 26. All Hours - Top Six Client Primary Presenting Problems by Service Area

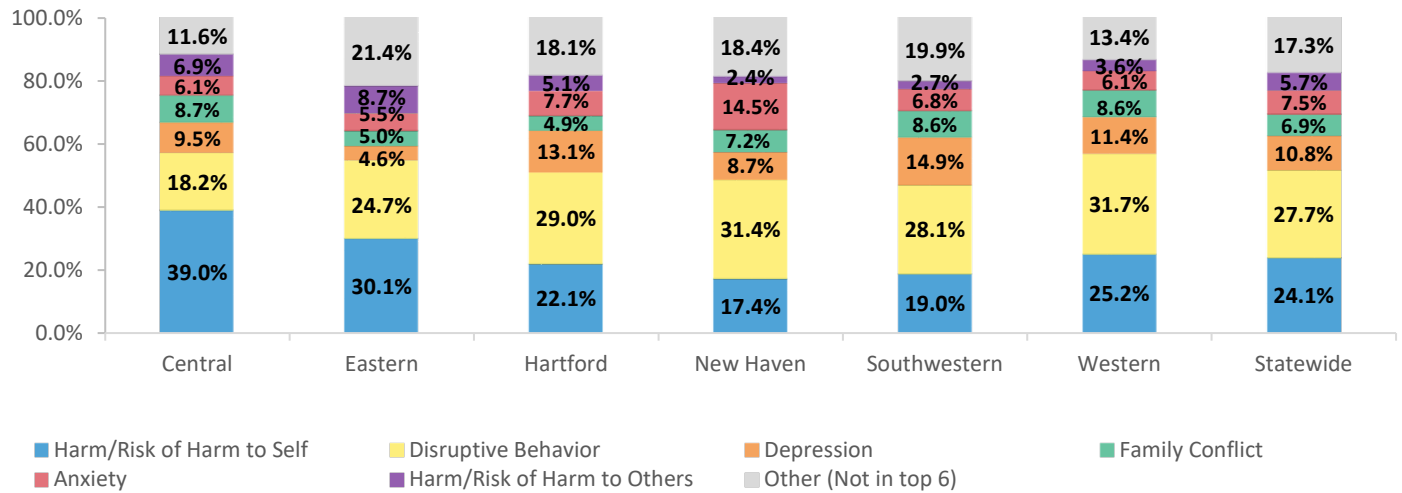


Figure 27. New Hours - Top 6 Presenting Problems Statewide

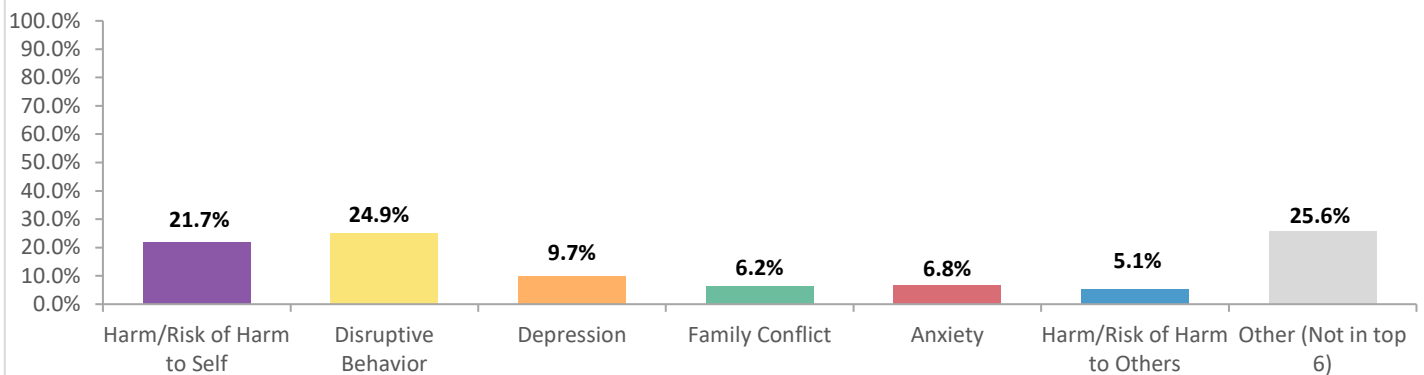
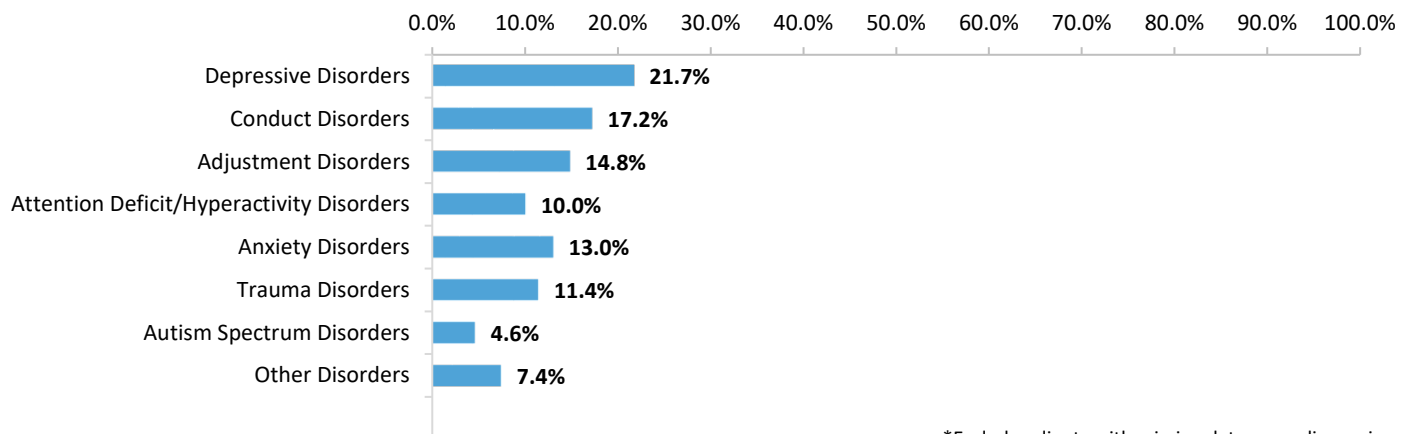


Figure 28. Distribution of Primary Diagnosis Categories at Intake Statewide



*Excludes clients with missing data or no diagnosis.

Figure 29. Distribution of Client Secondary Diagnosis Categories at Intake Statewide

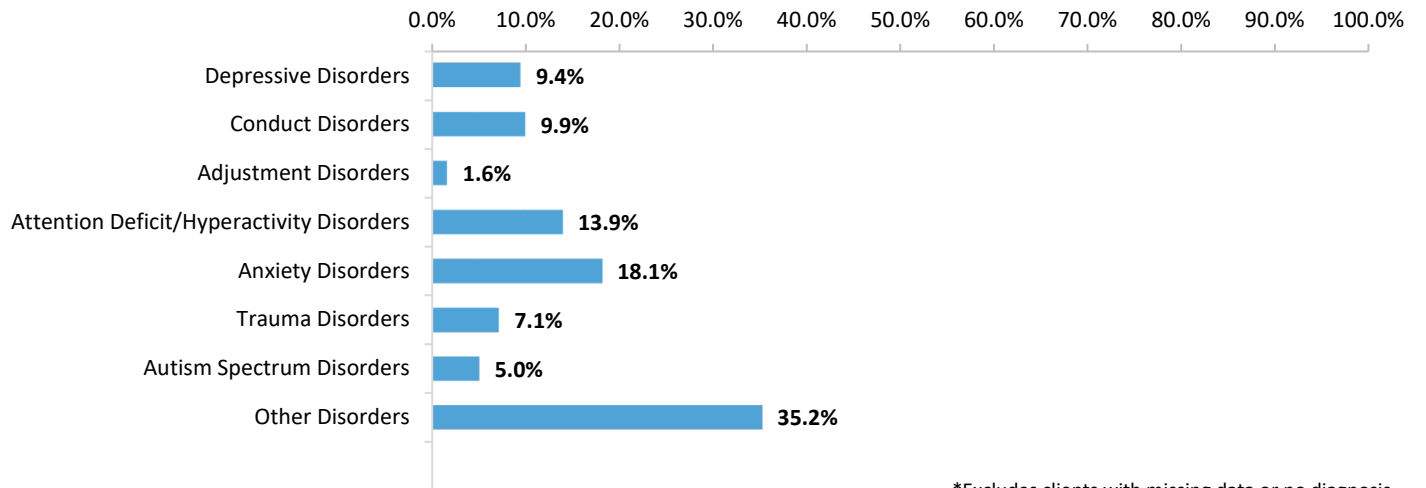


Figure 30. Top 6 Primary Diagnostic Categories at Intake by Service Area

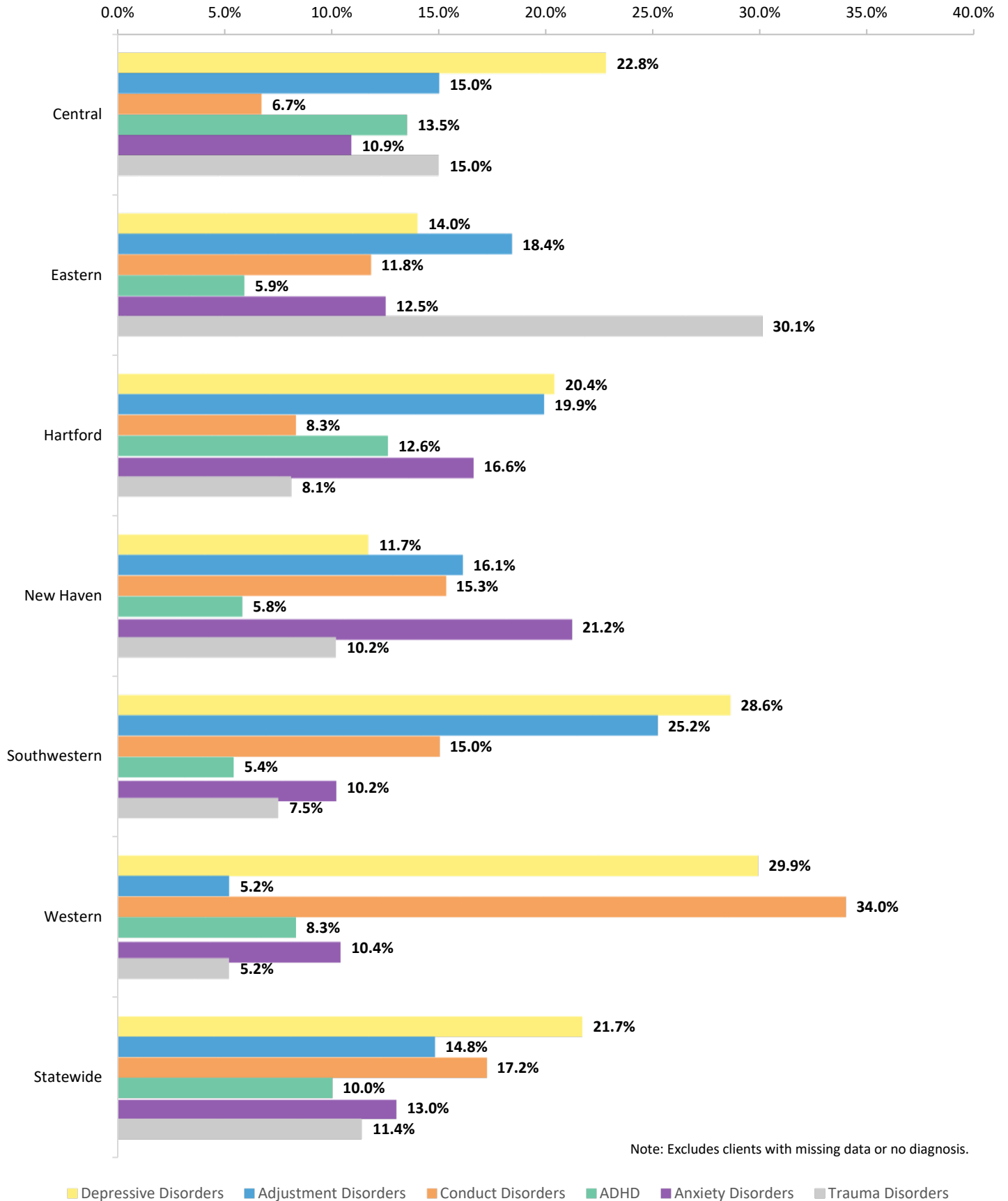


Figure 31. Top 6 Client Secondary Diagnostic Categories at Intake by Service Area

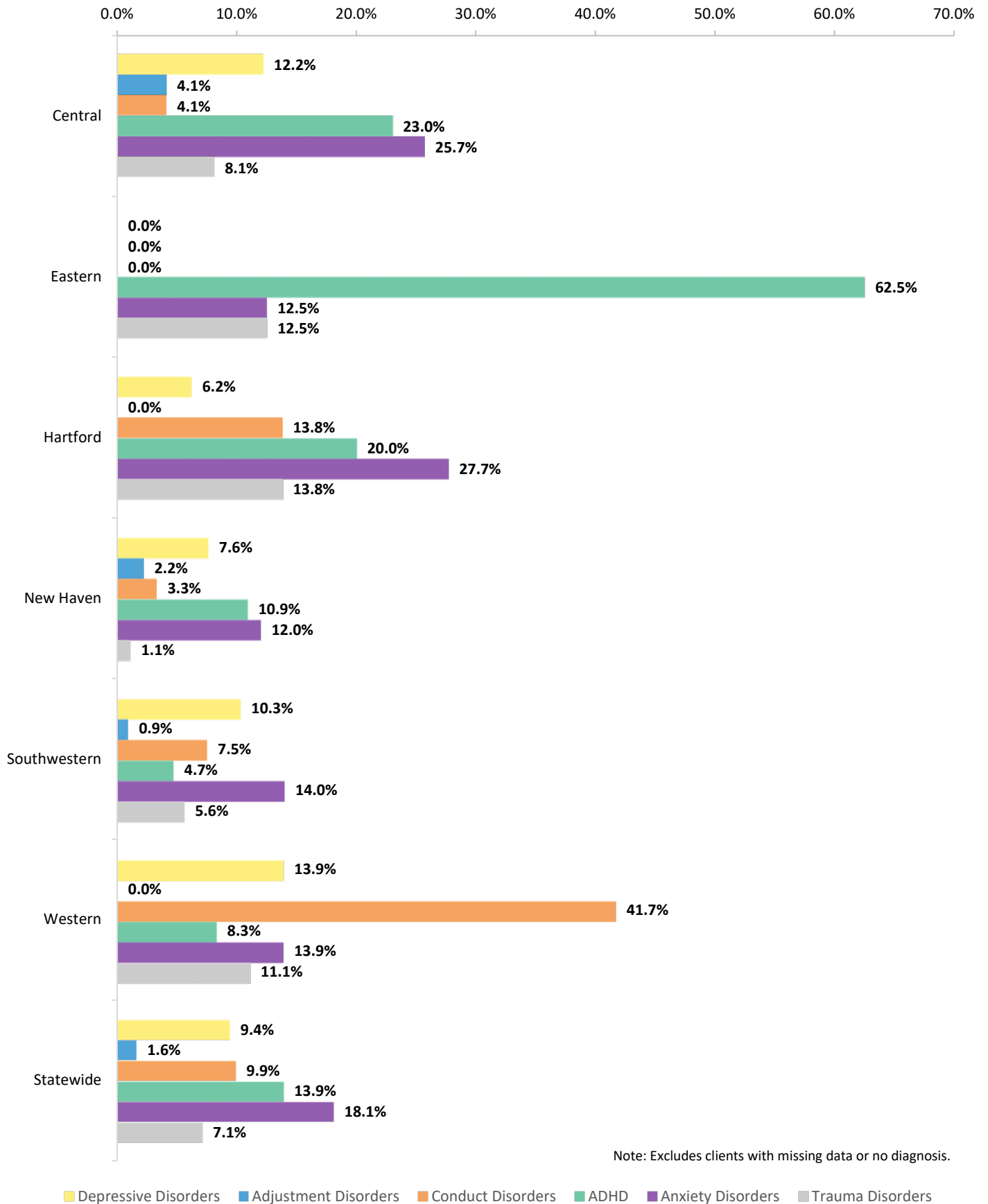


Figure 32. Children Meeting SED* Criteria by Service Area

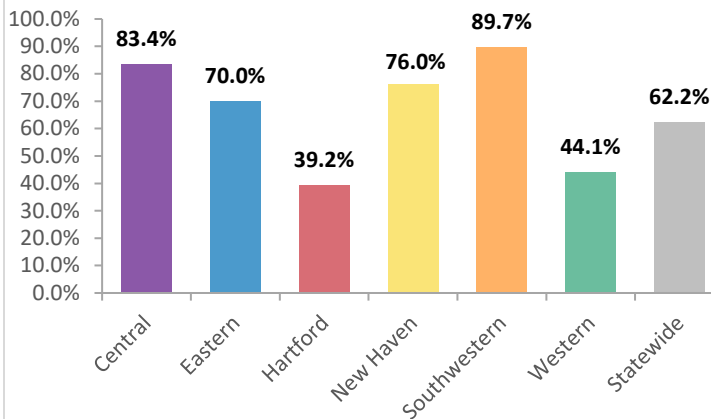


Figure 33. Children with Trauma Exposure Reported at Intake by Service Area

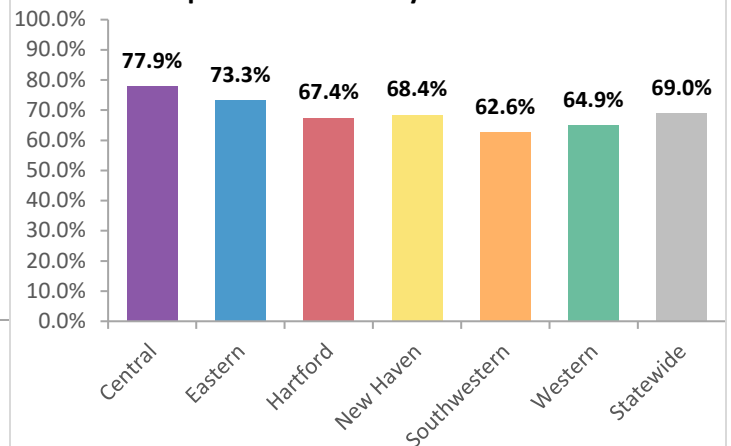


Figure 34. Type of Trauma Reported at Intake by Service Area

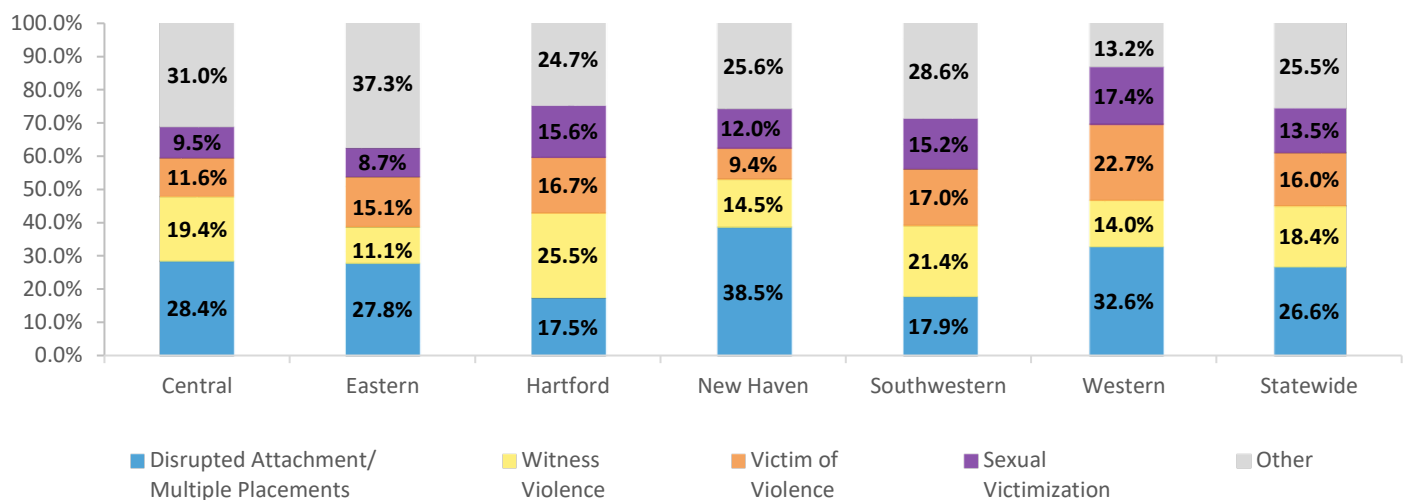


Figure 35. Clients Evaluated in an Emergency Dept. One or More Times in the Six Months Prior and During an Episode of Care

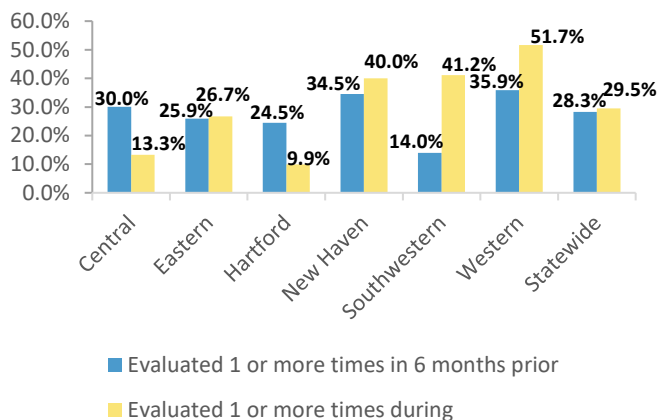
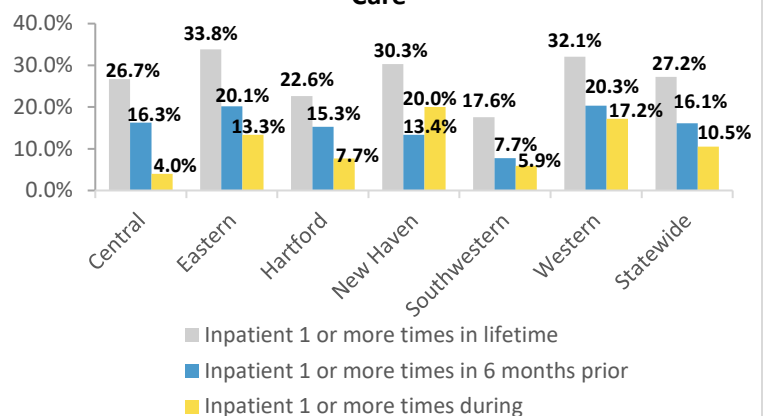


Figure 36. Clients Admitted to a Hospital (Inpatient) for Psychiatric or Behavioral Health Reasons One or More Times in His/Her Lifetime, in Six Months Prior and During the Episode of Care



Section VI: Referral Sources

Figure 37. Referral Source

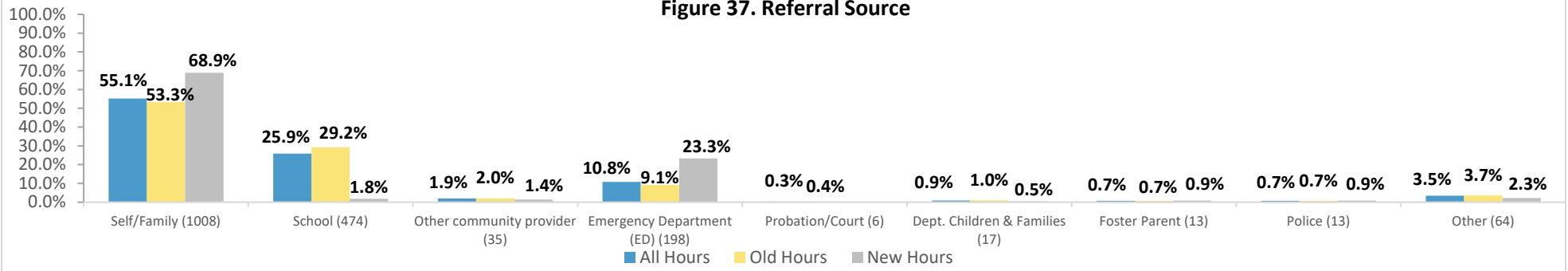
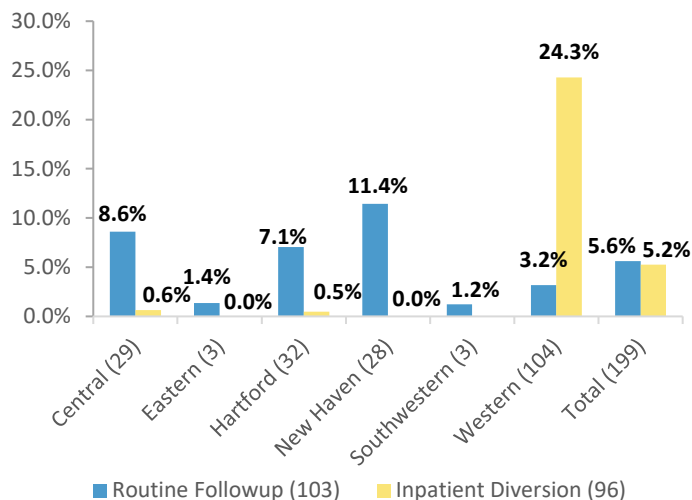


Table 1. Referral Sources (Q1 FY 2024)

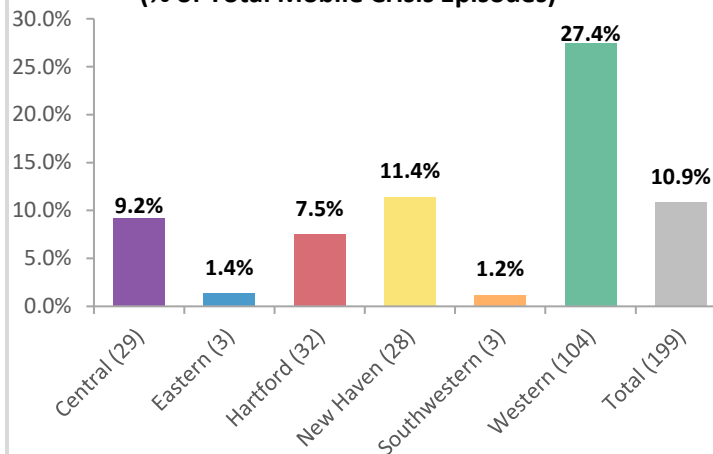
	Self/ Family	Family Adv.	School	Info- Line (2-1-1)	Other Prog. w/in Agency	Other Comm. Provider	Emer Dept. (ED)	Prob. or Court	Dept. of Child & Families (DCF)	Psych Hospital	Cong. Care Facility	Foster Parent	Police	Phys.	Comm. Nat. Supp.	Other State Agency
STATEWIDE	55.1%	0.4%	25.9%	0.2%	0.7%	1.9%	10.8%	0.3%	0.9%	1.4%	0.1%	0.7%	0.7%	0.5%	0.2%	0.1%
CENTRAL	53.8%	1.0%	23.9%	0.0%	1.3%	3.5%	9.2%	0.0%	1.9%	2.2%	0.0%	1.3%	0.3%	1.3%	0.0%	0.3%
CHR:MidHosp	56.1%	0.0%	28.0%	0.0%	1.2%	1.2%	6.1%	0.0%	1.2%	2.4%	0.0%	1.2%	0.0%	1.2%	0.0%	1.2%
CHR	53.0%	1.3%	22.4%	0.0%	1.3%	4.3%	10.3%	0.0%	2.2%	2.2%	0.0%	1.3%	0.4%	1.3%	0.0%	0.0%
EASTERN	65.8%	0.0%	25.1%	0.5%	0.0%	1.4%	1.4%	0.5%	0.0%	1.8%	0.0%	0.9%	1.4%	0.5%	0.5%	0.5%
UCFS:NE	67.4%	0.0%	24.4%	1.2%	0.0%	2.3%	1.2%	1.2%	0.0%	1.2%	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%
UCFS:SE	64.7%	0.0%	25.6%	0.0%	0.0%	0.8%	1.5%	0.0%	0.0%	2.3%	0.0%	0.8%	2.3%	0.8%	0.8%	0.8%
HARTFORD	55.2%	0.5%	28.3%	0.0%	0.7%	2.6%	7.3%	0.0%	0.5%	1.7%	0.2%	0.7%	0.9%	0.9%	0.5%	0.0%
Wheeler:Htfd	41.5%	0.7%	36.7%	0.0%	1.4%	2.0%	11.6%	0.0%	0.7%	0.7%	0.0%	0.7%	2.0%	1.4%	0.7%	0.0%
Wheeler:Meridn	54.4%	0.0%	30.4%	0.0%	1.3%	7.6%	0.0%	0.0%	1.3%	1.3%	1.3%	1.3%	0.0%	1.3%	0.0%	0.0%
Wheeler:NBrit	65.7%	0.5%	21.2%	0.0%	0.0%	1.0%	7.1%	0.0%	0.0%	2.5%	0.0%	0.5%	0.5%	0.5%	0.5%	0.0%
NEW HAVEN	59.2%	0.0%	23.7%	0.0%	0.0%	2.0%	11.4%	0.4%	0.4%	1.2%	0.0%	0.8%	0.8%	0.0%	0.0%	0.0%
CliffBeers	59.2%	0.0%	23.7%	0.0%	0.0%	2.0%	11.4%	0.4%	0.4%	1.2%	0.0%	0.8%	0.8%	0.0%	0.0%	0.0%
SOUTHWESTERN	60.3%	0.0%	31.6%	0.0%	1.6%	0.8%	1.2%	0.4%	2.8%	0.8%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
CFG:South	76.5%	0.0%	19.6%	0.0%	0.0%	2.0%	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CFG:Nrwlk	59.4%	0.0%	29.7%	0.0%	1.6%	1.6%	1.6%	0.0%	4.7%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%
CFG:EMPS	54.5%	0.0%	37.1%	0.0%	2.3%	0.0%	1.5%	0.8%	2.3%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WESTERN	44.1%	0.5%	23.2%	0.5%	0.3%	0.8%	27.4%	0.8%	0.3%	0.8%	0.0%	0.5%	0.5%	0.0%	0.3%	0.0%
Well:Dnby	73.2%	1.2%	19.5%	0.0%	0.0%	2.4%	0.0%	0.0%	1.2%	1.2%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%
Well:Torr	54.5%	0.0%	29.5%	0.0%	2.3%	0.0%	9.1%	0.0%	0.0%	2.3%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%
Well:Wtby	32.8%	0.4%	23.3%	0.8%	0.0%	0.4%	39.5%	1.2%	0.0%	0.4%	0.0%	0.4%	0.8%	0.0%	0.0%	0.0%

Figure 38. Type of Emergency Dept. Referral



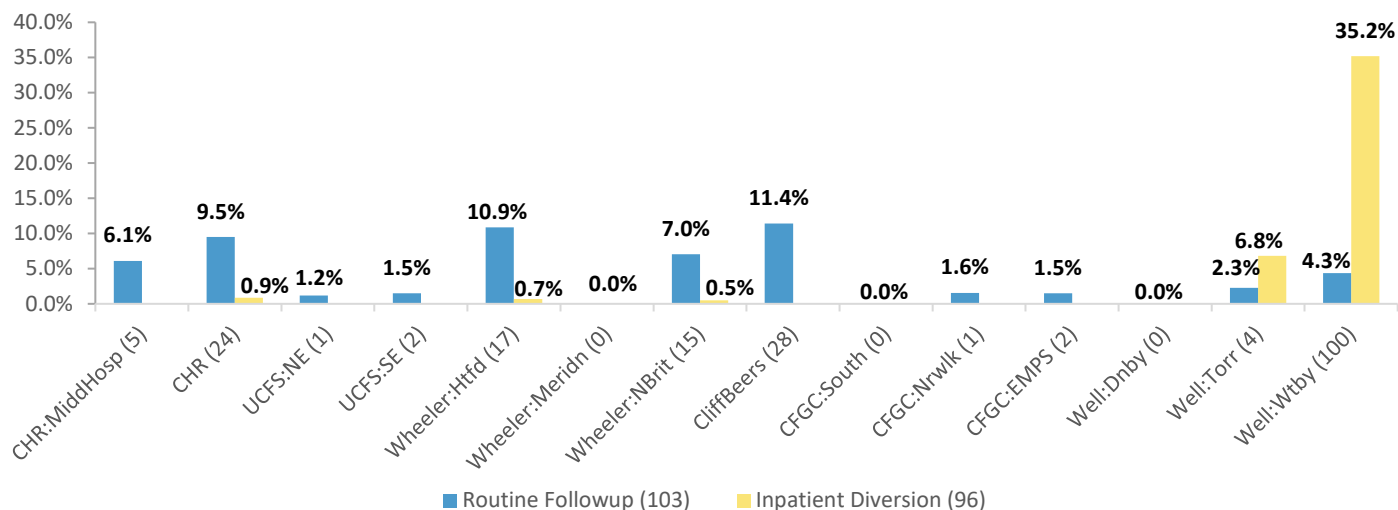
Note: Count total ED referrals are in parenthesis

Figure 39. Emergency Dept. Referral (% of Total Mobile Crisis Episodes)



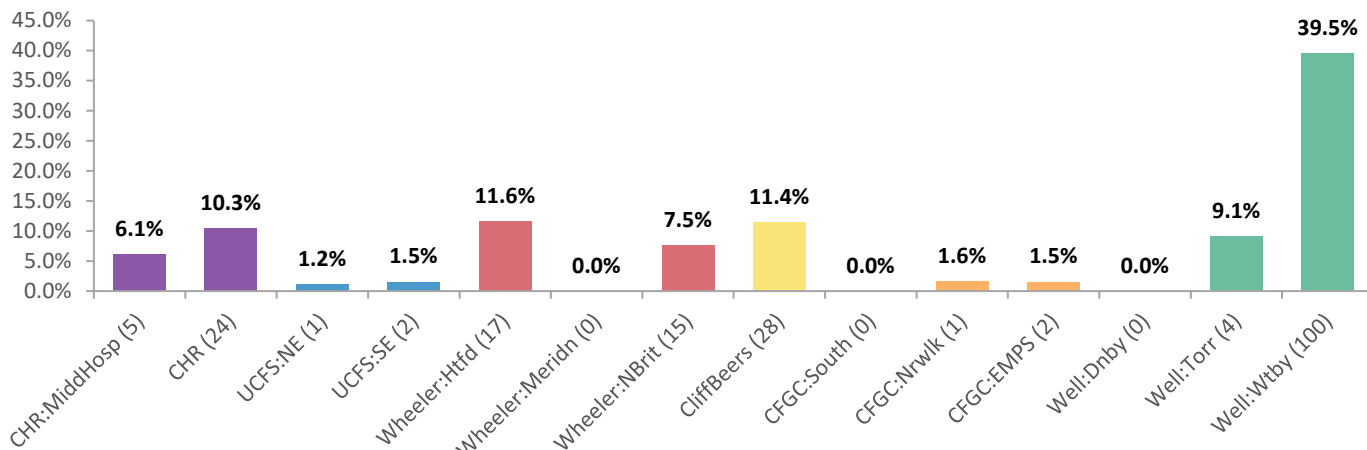
Note: Count total ED referrals are in parenthesis

Figure 40. Type of Emergency Department Referrals by Provider



Note: Count total ED referrals are in parenthesis

Figure 41. Emergency Dept. Referral (% of Total Mobile Crisis Episodes) by Provider



Note: Count total ED referrals are in parenthesis.

Section VII: 2-1-1 Recommendations and Mobile Crisis Response

Figure 42. 2-1-1 Recommended Initial Response

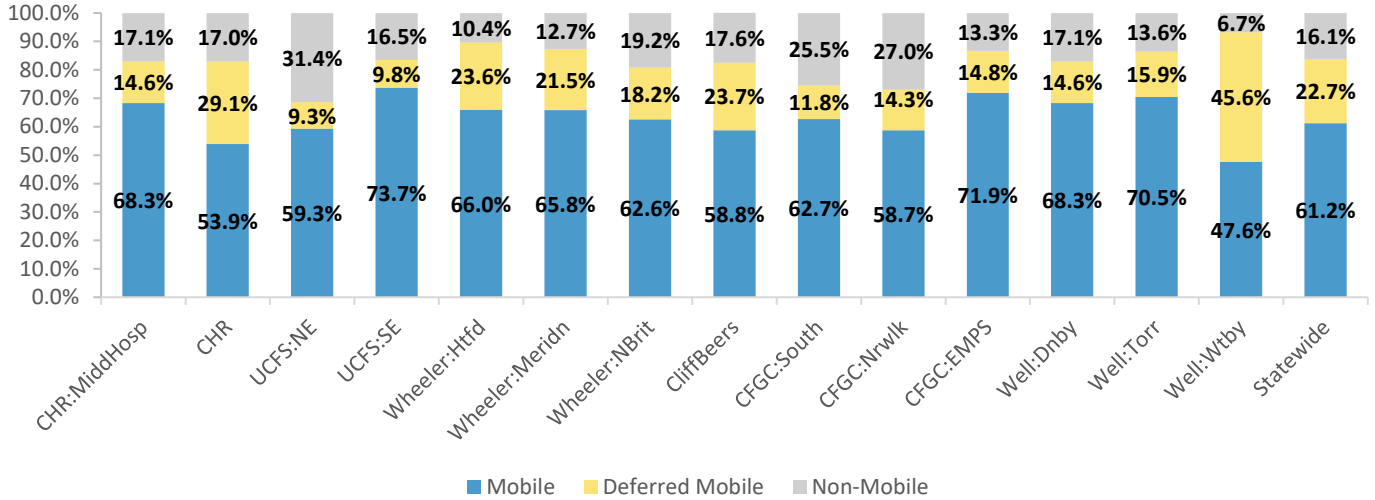


Figure 43. Actual Initial Mobile Crisis Provider Response

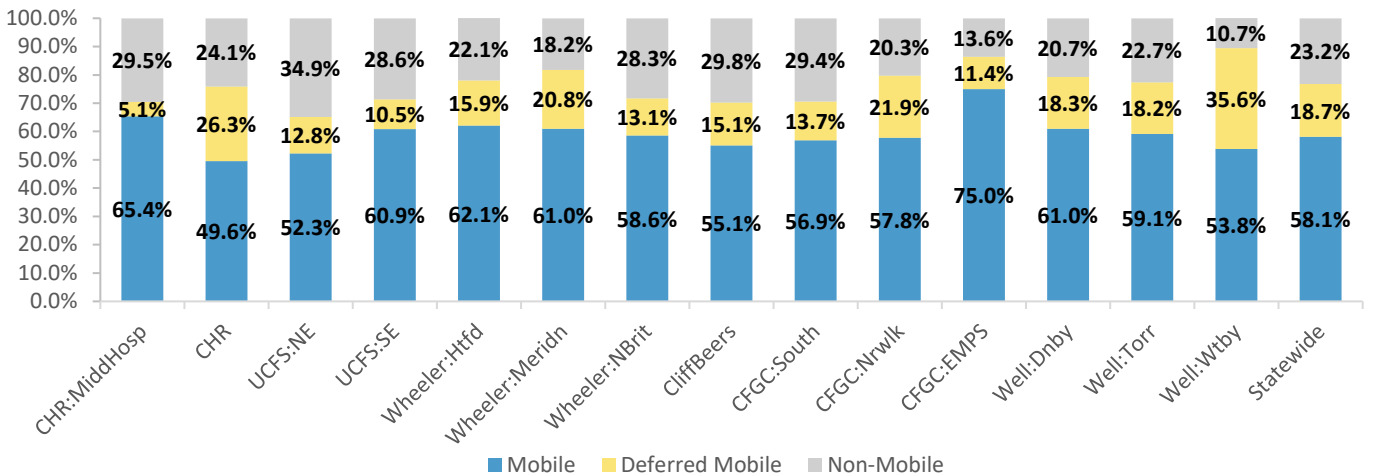


Figure 44. Actual Initial Mobile Crisis Provider Response - New/Old Hours

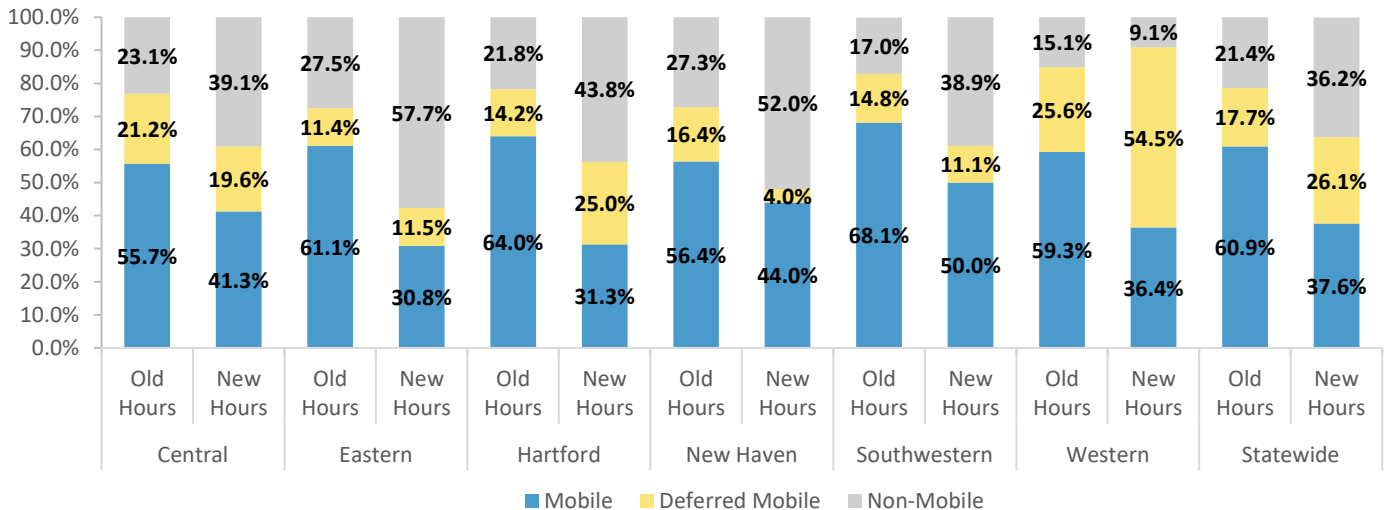
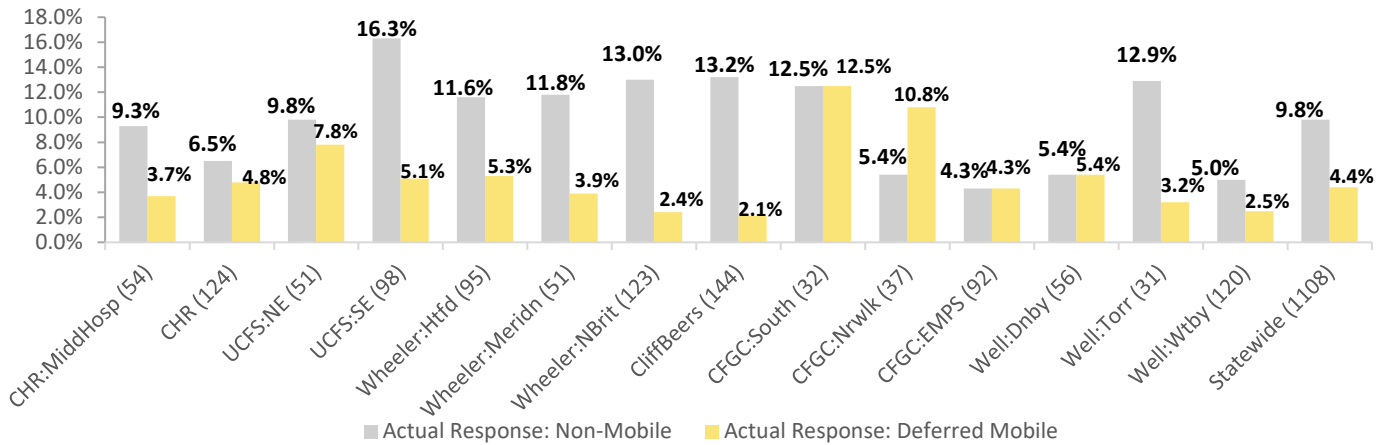
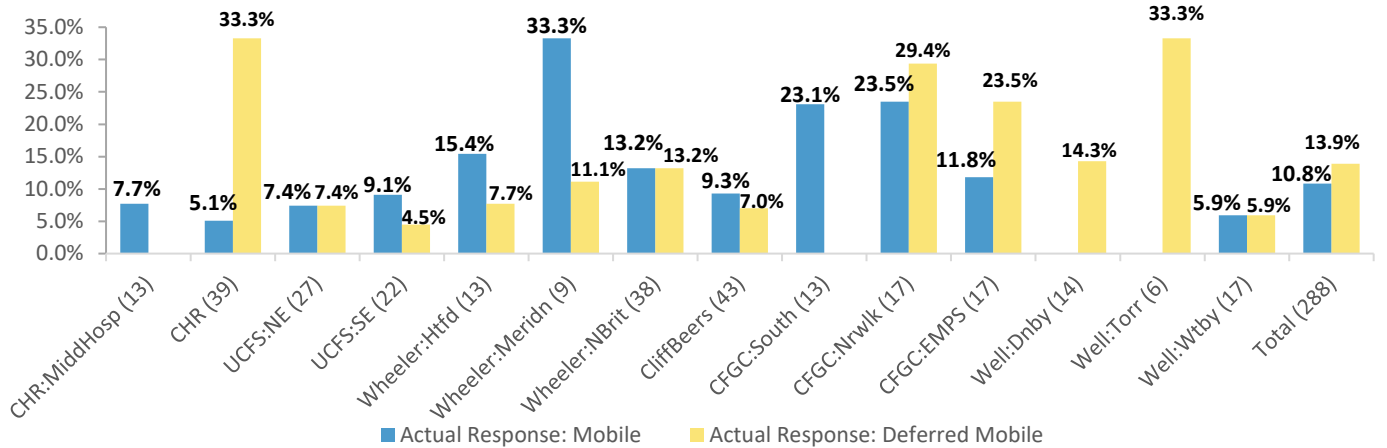


Figure 45. 2-1-1 Recommended Mobile Response Where Actual Mobile Crisis Response was Non-Mobile or Deferred Mobile



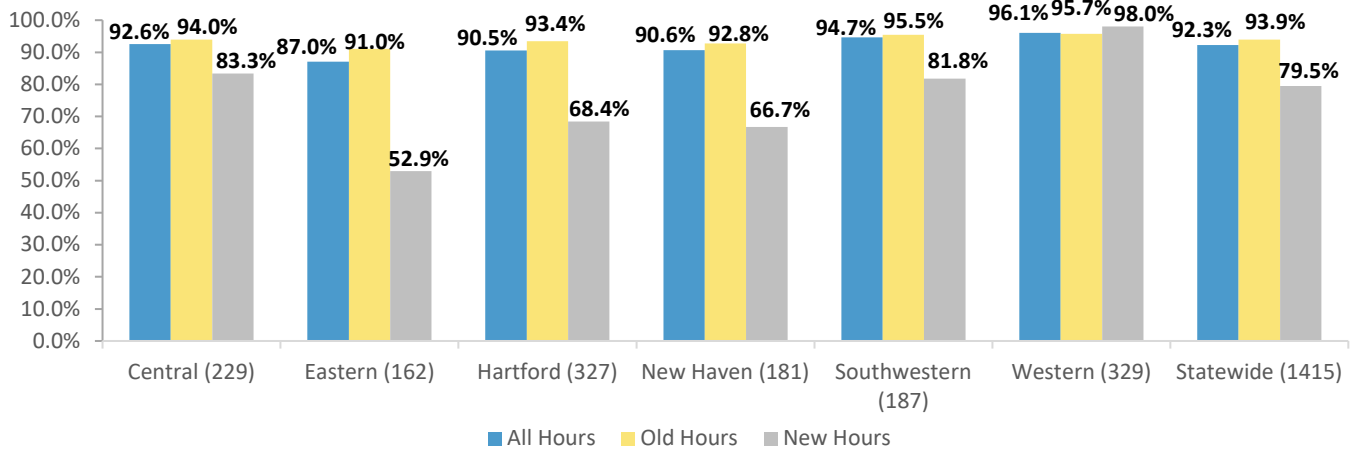
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

Figure 46. 2-1-1 Recommended Non-Mobile Response Where Actual Mobile Crisis Response was Mobile or Deferred Mobile



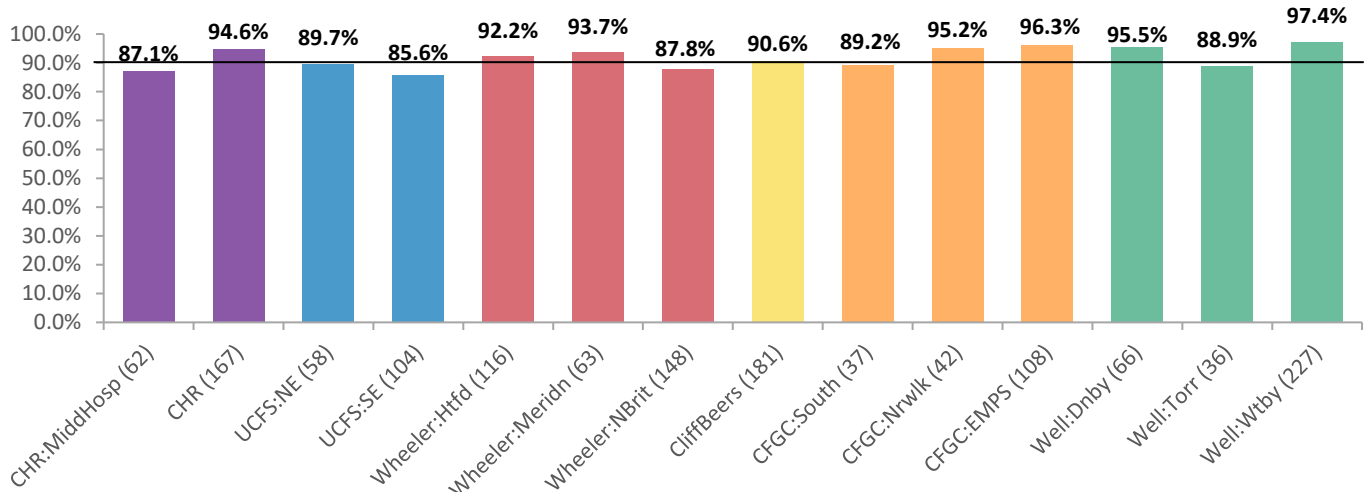
Note: Total counts of 2-1-1 Mobile response recommendations are in parenthesis.

Figure 47. Mobile Response by Service Area



Note: Counts of 211-recommended mobile episodes are in parenthesis

Figure 48. Mobile Response* (Mobile & Deferred Mobile) By Provider



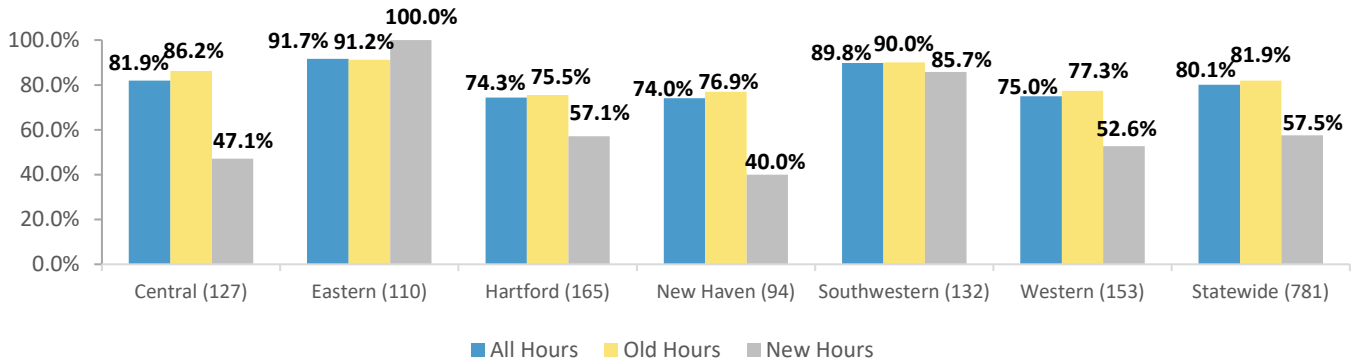
Note: Counts of 211-recommended mobile episodes are in parenthesis

*Mobility calculation updated – see exec. summary

Goal: 90%

Section VIII: Response Time

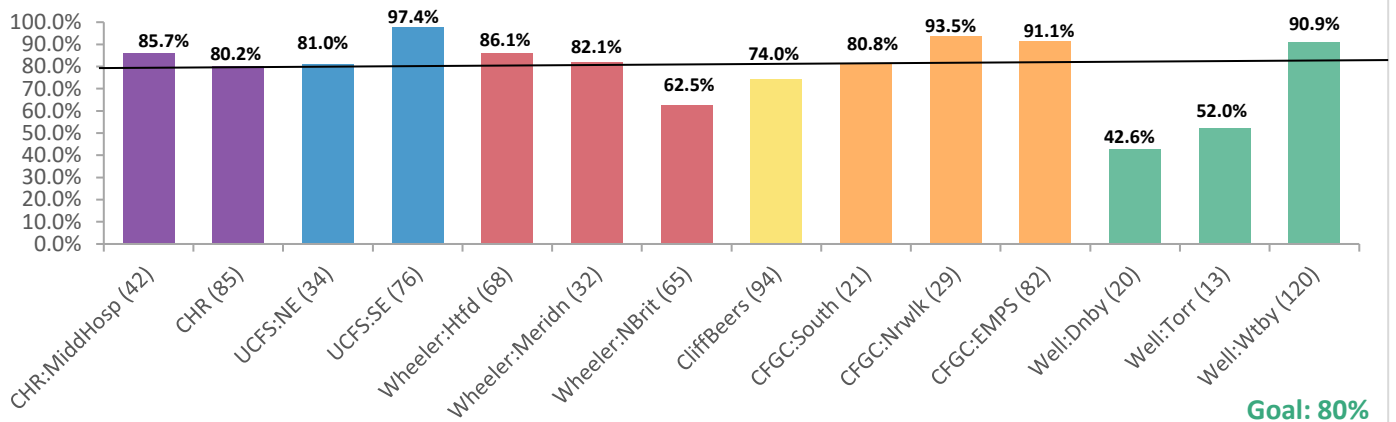
Figure 49. Mobile Episodes with a Response time Under 45 minutes



Note: Counts of mobile episodes under 45 mins. are in parenthesis.

Goal:

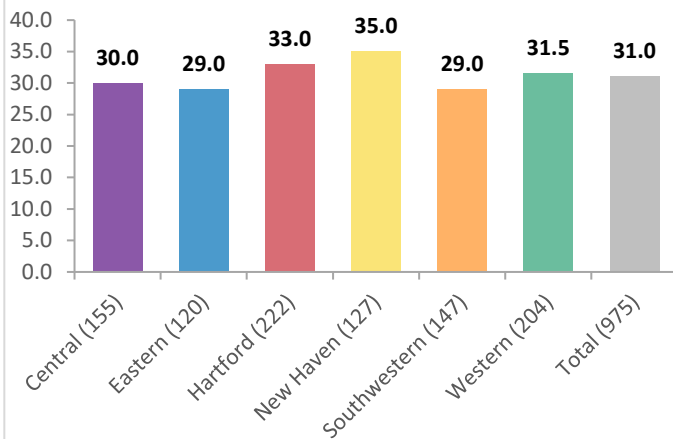
Figure 50. Total Mobile Episodes with a Response Time Under 45 Minutes by Provider



Note: Counts of mobile episodes under 45 mins. are in parenthesis.

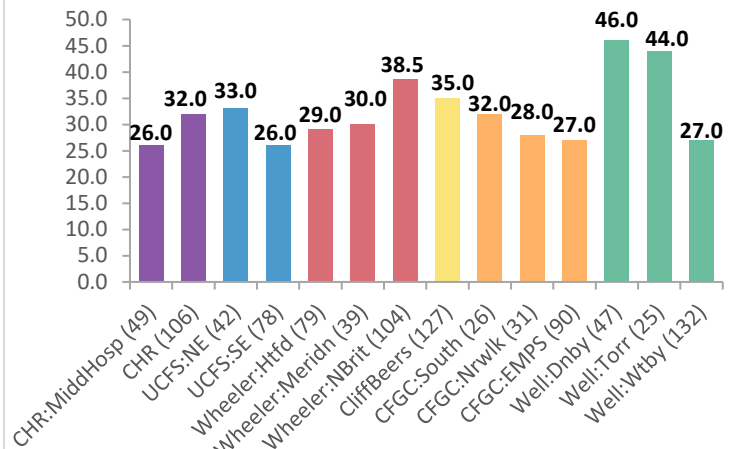
Goal: 80%

Figure 51. Median Mobile Response Time by Service Area in Minutes



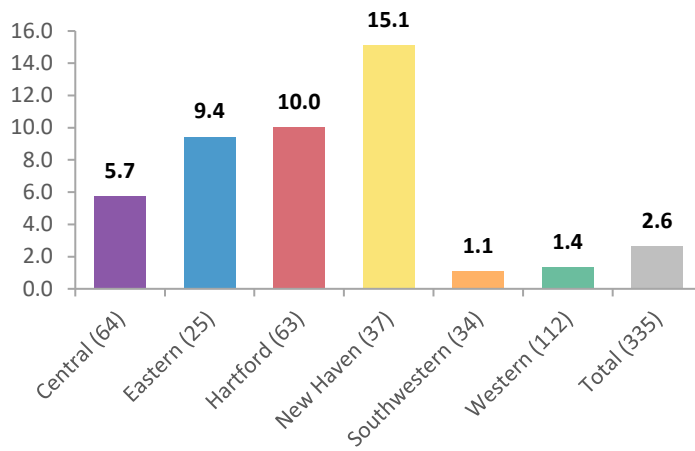
Note: Counts of mobile response episodes are in parenthesis.

Figure 52. Median Mobile Response Time by Provider in Minutes



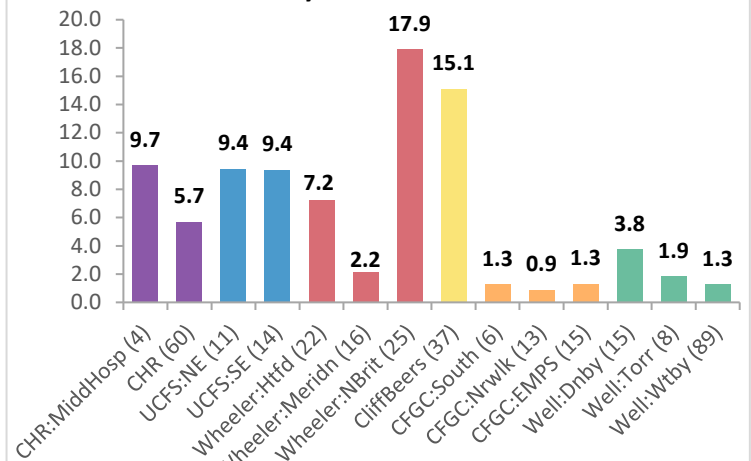
Note: Counts of mobile response episodes are in parenthesis.

Figure 53. Median Deferred Mobile Response Time by Provider in Hours



Note: Counts of deferred mobile response episodes are in parenthesis.

Figure 54. Median Deferred Mobile Response Time by Provider in Hours



Note: Counts of deferred mobile response episodes are in parenthesis.

Section IX: Length of Stay and Discharge Information

Table 2. Length of Stay for Discharged Episodes of Care in Days

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R		
		Discharged Episodes for Current Reporting Period										Cumulative Discharged Episodes*									
		Mean			Median			Percent				Mean			Median			Percent			
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45		
1	STATEWIDE	1.0	7.8	14.8	0.0	4.0	13.0	16.0%	34.7%	0.2%	1.0	7.8	14.8	0.0	4.0	13.0	16.0%	34.7%	0.2%		
2	Central	2.6	2.8	14.5	1.0	2.0	13.0	38.7%	8.3%	0.7%	2.6	2.8	14.5	1.0	2.0	13.0	38.7%	8.3%	0.7%		
3	CHR/MiddHosp-EMPS	7.5	3.2	11.6	4.5	2.0	11.5	75.0%	10.5%	0.0%	7.5	3.2	11.6	4.5	2.0	11.5	75.0%	10.5%	0.0%		
4	CHR-EMPS	0.9	1.2	15.1	0.0	0.0	13.0	25.5%	0.0%	0.9%	0.9	1.2	15.1	0.0	0.0	13.0	25.5%	0.0%	0.9%		
5	Eastern	0.3	3.5	20.2	0.0	3.5	20.0	6.3%	9.4%	0.0%	0.3	3.5	20.2	0.0	3.5	20.0	6.3%	9.4%	0.0%		
6	UCFS-EMPS:NE	0.3	3.8	17.5	0.0	3.5	16.5	5.7%	13.9%	0.0%	0.3	3.8	17.5	0.0	3.5	16.5	5.7%	13.9%	0.0%		
7	UCFS-EMPS:SE	0.3	3.4	21.4	0.0	3.5	26.0	6.7%	7.1%	0.0%	0.3	3.4	21.4	0.0	3.5	26.0	6.7%	7.1%	0.0%		
8	Hartford	1.5	6.2	14.1	0.0	3.0	13.0	24.3%	30.3%	0.0%	1.5	6.2	14.1	0.0	3.0	13.0	24.3%	30.3%	0.0%		
9	Wheeler-EMPS:Htfd	1.6	10.1	19.9	0.0	4.0	22.0	33.3%	42.4%	0.0%	1.6	10.1	19.9	0.0	4.0	22.0	33.3%	42.4%	0.0%		
10	Wheeler-EMPS:Meridn	1.4	4.7	11.8	1.0	1.0	13.0	28.6%	15.0%	0.0%	1.4	4.7	11.8	1.0	1.0	13.0	28.6%	15.0%	0.0%		
11	Wheeler-EMPS:NBrit	1.5	4.7	12.4	0.0	3.0	11.0	17.9%	28.8%	0.0%	1.5	4.7	12.4	0.0	3.0	11.0	17.9%	28.8%	0.0%		
12	New Haven	0.2	15.1	9.5	0.0	13.0	9.0	4.1%	71.6%	0.0%	0.2	15.1	9.5	0.0	13.0	9.0	0.0%	71.6%	0.0%		
14	CliffBeers-EMPS	0.2	15.1	9.5	0.0	13.0	9.0	0.0%	71.6%	0.0%	0.2	15.1	9.5	0.0	13.0	9.0	0.0%	71.6%	0.0%		
15	Southwestern	0.1	13.5	25.4	0.0	8.5	26.0	0.0%	64.7%	0.0%	0.1	13.5	25.4	0.0	8.5	26.0	0.0%	64.7%	0.0%		
16	CFGC/South-EMPS	0.0	1.2	27.4	0.0	0.0	27.0	0.0%	0.0%	0.0%	0.0	1.2	27.4	0.0	0.0	27.0	0.0%	130.0%	0.0%		
17	CFGC-EMPS:Nrwlk	0.1	13.4	22.5	0.0	10.0	22.5	0.0%	81.3%	0.0%	0.1	13.4	22.5	0.0	10.0	22.5	0.0%	193.8%	0.0%		
18	CFGC-EMPS	0.2	16.5	17.7	0.0	11.0	23.0	0.0%	73.8%	0.0%	0.2	16.5	17.7	0.0	11.0	23.0	0.0%	0.0%	0.0%		
19	Western	1.0	1.8	13.8	0.0	2.0	12.0	18.5%	4.3%	0.0%	1.0	1.8	13.8	0.0	2.0	12.0	18.5%	4.3%	0.0%		
20	Well-EMPS:Dnby	1.4	2.6	14.0	0.0	3.0	13.0	25.0%	0.0%	0.0%	1.4	2.6	14.0	0.0	3.0	13.0	25.0%	0.0%	0.0%		
21	Well-EMPS:Torr	1.4	1.5	12.4	0.0	0.0	9.0	22.2%	12.5%	0.0%	1.4	1.5	12.4	0.0	0.0	9.0	22.2%	12.5%	0.0%		
22	Well-EMPS:Wtby	0.7	1.8	13.9	0.0	2.0	12.0	13.8%	3.1%	0.0%	0.7	1.8	13.9	0.0	2.0	12.0	13.8%	3.1%	0.0%		

* Discharged episodes with end dates from July 1, 2021 to the end of the current reporting period.

Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Plus Stabilization Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face that are greater than 5 days
Stab. > 45	Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 3. Number of Episodes for Discharged Episodes of Care

		A	B	C	D	E	F	G	H	I	J	K	L
		<i>Discharged Episodes for Current Reporting Period</i>						<i>Cumulative Discharged Episodes*</i>					
		N used Mean/Median			N used for Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	432	452	406	69	157	1	432	452	406	69	157	1
2	Central	75	24	138	29	2	1	75	24	138	29	2	1
3	CHR/MiddHosp-EMPS	20	19	24	15	2	0	20	19	24	15	2	0
4	CHR-EMPS	55	5	114	14	0	1	55	5	114	14	0	1
5	Eastern	80	106	13	5	10	0	80	106	13	5	10	0
6	UCFS-EMPS:NE	35	36	4	2	5	0	35	36	4	2	5	0
7	UCFS-EMPS:SE	45	70	9	3	5	0	45	70	9	3	5	0
8	Hartford	103	119	77	25	36	0	103	119	77	25	36	0
9	Wheeler-EMPS:Htfd	33	33	19	11	14	0	33	33	19	11	14	0
10	Wheeler-EMPS:Meridn	14	20	23	4	3	0	14	20	23	4	3	0
11	Wheeler-EMPS:NBrit	56	66	35	10	19	0	56	66	35	10	19	0
12	New Haven	73	88	6	3	63	0	73	88	6	0	63	0
14	CliffBeers-EMPS	73	88	6	0	63	0	73	88	6	0	63	0
15	Southwestern	47	68	19	0	44	0	47	68	19	0	44	0
16	CFGC/South-EMPS	14	10	14	0	0	0	14	10	14	0	13	0
17	CFGC-EMPS:Nrwk	16	16	2	0	13	0	16	16	2	0	31	0
18	CFGC-EMPS	17	42	3	0	31	0	17	42	3	0	0	0
19	Western	54	47	153	10	2	0	54	47	153	10	2	0
20	Well-EMPS:Dnby	16	7	35	4	0	0	16	7	35	4	0	0
21	Well-EMPS:Torr	9	8	9	2	1	0	9	8	9	2	1	0
22	Well-EMPS:Wtby	29	32	109	4	1	0	29	32	109	4	1	0

* Discharged episodes with end dates from July 1, 2021 to the end of the current reporting period.

Definitions:

LOS: Phone	Length of Stay in Days for Phone Only
LOS: FTF	Length of Stay in Days for Face To Face Only
LOS: Stab.	Length of Stay in Days for Stabilization Plus Follow-up Only
Phone > 1	Percent of episodes that are phone only that are greater than 1 day
FTF > 5	Percent of episodes that are face to face that are greater than 5 days
Stab. > 45	Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Table 4. Length of Stay for Open Episodes of Care in Days

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
		<i>Episodes Still in Care*</i>									<i>N of Episodes Still in Care*</i>					
		Mean			Median			Percent			N used Mean/Median			N used for Percent		
		LOS: Phone	LOS: FTF	LOS: Stab.	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45	LOS: Phone	LOS: FTF	LOS: Stab.	Phone > 1	FTF > 5	Stab. > 45
1	STATEWIDE	33.3	14.4	11.2	27.5	9.0	8.0	100.0%	100.0%	4.9%	16	156	143	16	156	7
2	Central	17.0	4.1	12.6	17.0	3.0	10.0	100.0%	100.0%	3.3%	1	17	30	1	17	1
3	CHR/MiddHosp-EMPS	17.0	6.0	22.0	17.0	4.0	22.0	100.0%	100.0%	0.0%	1	8	1	1	8	0
4	CHR-EMPS	0.0	2.4	12.3	0.0	2.0	10.0	N/A	100.0%	3.4%	0	9	29	0	9	1
5	Eastern	0.0	2.3	5.0	0.0	2.0	3.0	N/A	100.0%	0.0%	0	3	3	0	3	0
6	UCFS-EMPS:NE	0.0	4.0	0.0	0.0	4.0	0.0	N/A	100.0%	N/A	0	1	0	0	1	0
7	UCFS-EMPS:SE	0.0	1.5	5.0	0.0	1.5	3.0	N/A	100.0%	0.0%	0	2	3	0	2	0
8	Hartford	50.7	26.4	11.5	58.0	19.0	7.0	100.0%	100.0%	5.6%	7	35	36	7	35	2
9	Wheeler-EMPS:Htfd	46.8	21.0	10.8	57.5	18.5	9.0	100.0%	100.0%	4.8%	6	22	21	6	22	1
10	Wheeler-EMPS:Meridn	0.0	41.8	18.2	0.0	30.0	9.0	N/A	100.0%	20.0%	0	5	5	0	5	1
11	Wheeler-EMPS:NBrit	74.0	31.9	9.5	74.0	24.5	4.5	100.0%	100.0%	0.0%	1	8	10	1	8	0
12	New Haven	0.0	12.2	16.0	0.0	8.5	7.0	N/A	100.0%	33.3%	0	42	3	0	42	1
14	CliffBeers-EMPS	0.0	12.2	16.0	0.0	8.5	7.0	N/A	100.0%	33.3%	0	42	3	0	42	1
15	Southwestern	10.0	12.3	11.3	4.0	9.0	10.0	100.0%	100.0%	9.1%	3	57	11	3	57	1
16	CFGC/South-EMPS	4.0	7.0	8.9	4.0	7.0	9.5	100.0%	100.0%	0.0%	2	1	8	2	1	0
17	CFGC-EMPS:Nrwlk	0.0	13.3	41.0	0.0	9.0	41.0	N/A	100.0%	100.0%	0	15	1	1	15	1
18	CFGC-EMPS	22.0	12.0	6.0	22.0	9.0	6.0	0.0%	100.0%	0.0%	1	41	2	0	41	0
19	Western	26.2	14.0	10.4	18.0	14.0	8.0	100.0%	100.0%	3.3%	5	2	60	5	2	2
20	Well-EMPS:Dnby	23.0	27.0	3.9	13.0	27.0	4.0	100.0%	100.0%	0.0%	3	1	8	3	1	0
21	Well-EMPS:Torr	0.0	1.0	16.5	0.0	1.0	9.0	N/A	100.0%	12.5%	0	1	8	0	1	1
22	Well-EMPS:Wtby	31.0	0.0	10.5	31.0	0.0	8.0	100.0%	N/A	2.3%	2	0	44	2	0	1

* Data includes episodes still in care with referral dates from July 1, 2021 to end of current reporting period.

Definitions:

LOS: Phone Length of Stay in Days for Phone Only

LOS: FTF Length of Stay in Days for Face To Face Only

LOS: Stab. Length of Stay in Days for Stabilization Plus Follow-up Only

Phone > 1 Percent of episodes that are phone only that are greater than 1 day

FTF > 5 Percent of episodes that are face to face that are greater than 5 days

Stab. > 45 Percent of episodes that are stabilization plus follow-up that are greater than 45 days

Figure 55. Top Six Reasons for Client Discharge Statewide

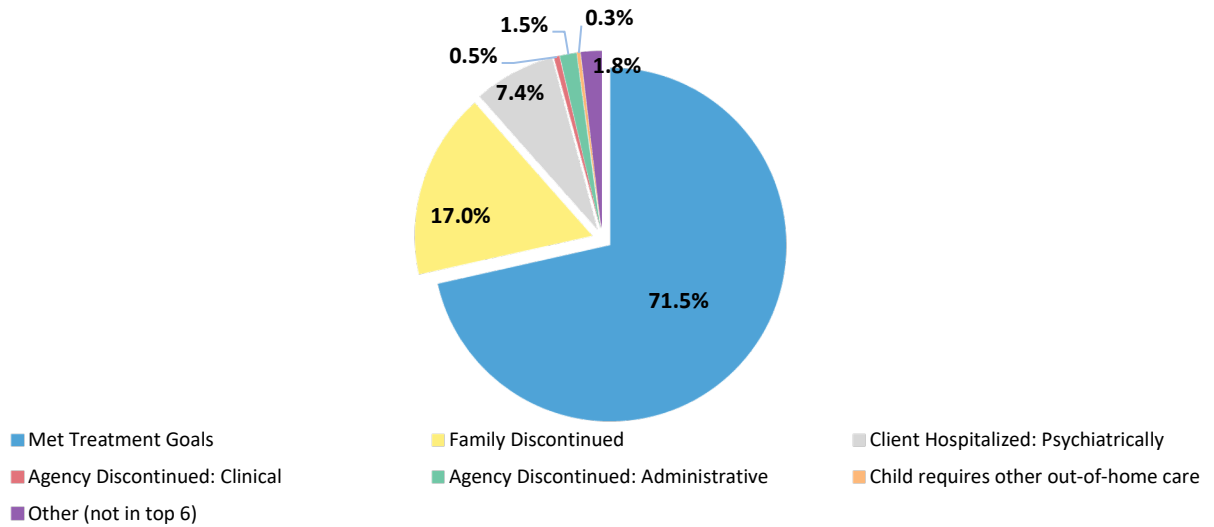


Figure 56. Top Six Places Clients Live at Discharge Statewide

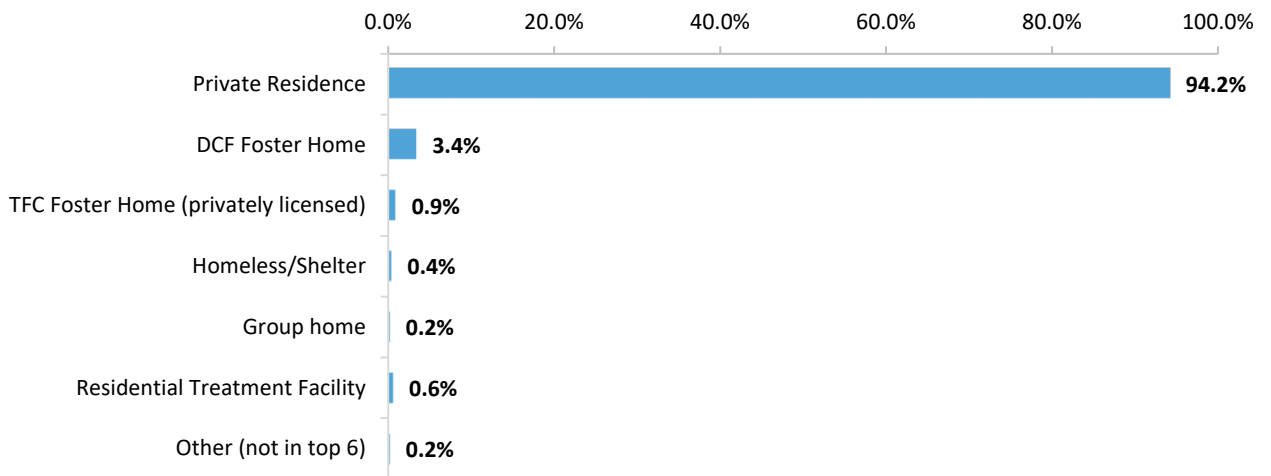
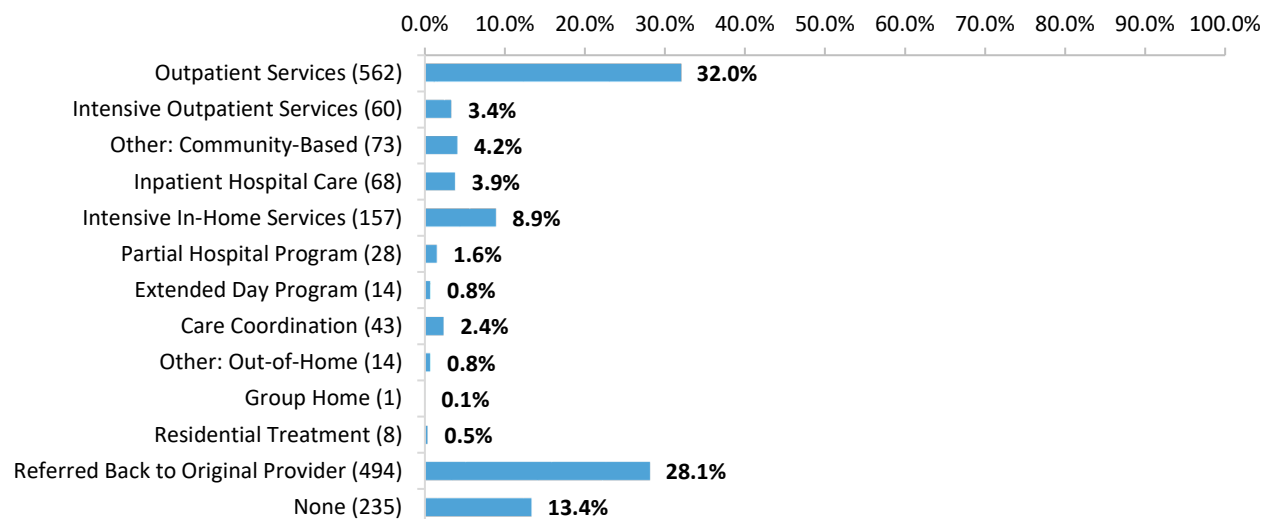


Figure 57. Type of Services Client Referred* to at Discharge Statewide



Note: Count for each type of service referral is in parenthesis

* Data include clients referred to more than one type of service

Table 5. Ohio Scales Scores by Service Area

Service Area	<i>N</i> (paired [†] intake & discharge)	Mean (paired [†] intake)	Mean (paired [†] discharge)	Mean Difference (paired [†] cases)	<i>t</i> -score	Sig.	† .05-.10 * <i>P</i> < .05 ** <i>P</i> < .01
STATEWIDE							
Parent Functioning Score	72	40.93	42.64	1.71	2.00	0.050	†
Worker Functioning Score	399	43.72	46.20	2.48	7.46	<.001	**
Parent Problem Score	72	32.00	29.81	-2.19	-2.38	0.020	*
Worker Problem Score	399	28.73	25.89	-2.85	-7.09	<.001	**
Central							
Parent Functioning Score	37	40.27	40.54	0.27	0.68	0.502	
Worker Functioning Score	121	47.14	47.35	0.21	0.86	0.390	
Parent Problem Score	37	30.68	30.65	-0.03	-0.04	0.967	
Worker Problem Score	121	25.36	24.72	-0.65	-1.25	0.215	
Eastern							
Parent Functioning Score	6	41.17	44.50	3.33	0.76	0.484	
Worker Functioning Score	11	38.36	45.45	7.09	3.15	0.010	**
Parent Problem Score	6	29.50	25.50	-4.00	-0.95	0.386	
Worker Problem Score	11	34.82	29.55	-5.27	-2.12	0.060	†
Hartford							
Parent Functioning Score	6	44.50	42.33	-2.17	-1.00	0.363	
Worker Functioning Score	74	43.41	46.50	3.10	2.51	0.014	
Parent Problem Score	6	36.00	36.67	0.67	1.00	0.363	
Worker Problem Score	74	31.16	27.38	-3.78	-2.68	0.009	**
New Haven							
Parent Functioning Score	3	23.67	25.67	2.00	1.31	0.321	
Worker Functioning Score	5	46.20	47.80	1.60	1.00	0.374	
Parent Problem Score	3	17.00	15.33	-1.67	-1.00	0.423	
Worker Problem Score	5	18.80	19.00	0.20	1.00	0.374	
Southwestern							
Parent Functioning Score	11	40.91	43.18	2.27	0.54	0.598	
Worker Functioning Score	16	47.06	48.56	1.50	0.78	0.446	
Parent Problem Score	11	36.18	32.18	-4.00	-1.04	0.321	
Worker Problem Score	16	27.69	24.25	-3.44	-1.26	0.226	
Western							
Parent Functioning Score	9	46.89	55.22	8.33	4.11	0.003	*
Worker Functioning Score	172	41.41	45.05	3.65	8.13	<.001	**
Parent Problem Score	9	36.33	26.56	-9.78	-2.89	0.020	*
Worker Problem Score	172	30.06	26.19	-3.87	-7.64	<.001	**

paired[†] = Number of cases with both intake and discharge scores

† .05-.10,

* *P* < .05,***P* < .01

Section X: Client & Referral Source Satisfaction

Table 6. Client and Referrer Satisfaction for 211 and EMPS*

2-1-1 Items	Clients (n=69)	Referrers (n=23)
The 2-1-1 staff answered my call in a timely manner	4.86	5.00
The 2-1-1 staff was courteous	4.95	5.00
The 2-1-1 staff was knowledgeable	4.92	4.96
My phone call was quickly transferred to the EMPS provider	4.92	5.00
Sub-Total Mean: 2-1-1	4.91	4.99
Mobile Crisis Items		
Mobile Crisis responded to the crisis in a timely manner	4.81	4.91
The Mobile Crisis staff was respectful	4.92	5.00
The Mobile Crisis staff was knowledgeable	4.97	5.00
The Mobile Crisis staff spoke to me in a way that I understood	4.89	X
Mobile Crisis helped my child/family get the services needed or made contact with my current service provider (if you had one at the time you called Mobile Crisis)	4.68	X
The services or resources my child and/or family received were right for us	4.67	X
The child/family I referred to Mobile Crisis was connected with appropriate services or resources upon discharge from Mobile Crisis	X	4.74
Overall, I am very satisfied with the way that Mobile Crisis responded to the crisis	4.59	4.74
Sub-Total Mean: Mobile Crisis	4.79	4.88
Overall Mean Score	4.83	4.95

* All items collected by 2-1-1, in collaboration with the PIC and DCF; measured on a scale of 5 (Strongly Agree) to 1 (Strongly Disagree)

Client Comments:

- Caller reports that 211 and Clifford Beers should hire more Spanish speaking staff for parents who feel more comfortable speaking Spanish.
- Very grateful for MCI service.
- Feels that being 24/7 is an improvement. Caller reports that she feels the newer clinicians should be sent out with the experienced clinicians.
- Caller expressed tremendous gratitude for MCI service.

Referrer Comments:

- Caller reports very positive experiences with MCI; however, as she usually requests deferred she doesn't have feedback on response time or additional referrals.
- Would like more communication with MCI and to be told which clinician is assigned to the case.

Section XI: Training Attendance

Table 7. Trainings Completed for All Active* Staff

	DBHRN	Crisis API	DDS	CCSRS	Trauma	Violence	CRC	Emerg. Certificate	QPR	A-SBIRT	ASD	PSB	SR	All 13 Trainings Completed	All 13 Completed for Full-Time Staff Only
Statewide (143)*	59%	66%	62%	53%	65%	64%	59%	62%	28%	43%	55%	9%	27%	2%	3%
CHR:MidHosp (9)*	42%	58%	25%	58%	50%	58%	50%	67%	50%	33%	58%	25%	33%	8%	25%
CHR (10)*	27%	47%	13%	33%	33%	53%	47%	27%	7%	7%	40%	40%	53%	0%	0%
UCFS:NE (7)*	71%	71%	71%	100%	86%	57%	86%	71%	57%	71%	57%	43%	71%	14%	17%
UCFS:SE (13)*	38%	38%	29%	67%	48%	29%	29%	24%	29%	62%	38%	19%	43%	5%	11%
Wheeler:Htfd (16)*^	53%	59%	59%	6%	65%	41%	59%	53%	12%	6%	53%	41%	24%	0%	0%
Wheeler:Meridn (5)*	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%	50%	50%	50%	0%	0%
Wheeler:NBrit (16)*	25%	25%	17%	0%	25%	25%	17%	17%	0%	0%	25%	0%	33%	0%	0%
CliffBeers (24)*	41%	55%	50%	59%	82%	59%	64%	59%	45%	50%	73%	50%	73%	18%	15%
CFGC:South (6)*	67%	67%	33%	17%	50%	17%	67%	33%	0%	17%	33%	50%	33%	0%	0%
CFGC:Nrwk (4)*^	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	#DIV/0!
CFGC:EMPS (8)*	42%	33%	33%	17%	67%	67%	33%	33%	0%	17%	67%	42%	67%	0%	0%
Well:Dnby (15)*^	25%	25%	25%	0%	38%	38%	13%	38%	0%	0%	50%	25%	38%	0%	0%
Well:Torr (3)*	67%	67%	67%	33%	67%	67%	67%	67%	33%	67%	67%	33%	0%	0%	0%
Well:Wtby (7)*	40%	60%	40%	5%	50%	45%	30%	40%	5%	10%	40%	30%	55%	5%	0%
Full-Time Staff Only (95)	61%	72%	64%	61%	66%	66%	63%	64%	34%	48%	58%	12%	34%	3%	

Note: Count of active staff for each provider or category is in parenthesis.

* Includes all active full-time, part-time and per diem staff as of March 31, 2022.

^Includes staff who did not have an assigned site reported and/or support multiple sites.

Training Title Abbreviations:

DBHRN=Disaster Behavioral Health Response Network

QPR= Question, Persuade and Refer

Crisis API = Crisis Assessment, Planning and Intervention

A-SBIRT= Adolescent Screening, Brief Intervention and Referral to Treatment

DDS=An Overview of Intellectual Developmental Disabilities and Positive Behavioral Supports

ASD = Autism Spectrum Disorder

CCSRS=Columbia Suicide Severity Rating Scale

Trauma = Traumatic Stress and Trauma Informed Care

Violence = Violence Assessment and Prevention

CRC = 21st Century Culturally Responsive Mental Health Care

Emerg. Certificate= Emergency Certificate

PSB = Problem Sexual Behavior (Added October 2019)

SR = School Refusal (Added August 2019)

Section XII: Data Quality Monitoring

Figure 58. Ohio Scales Collected at Intake by Provider

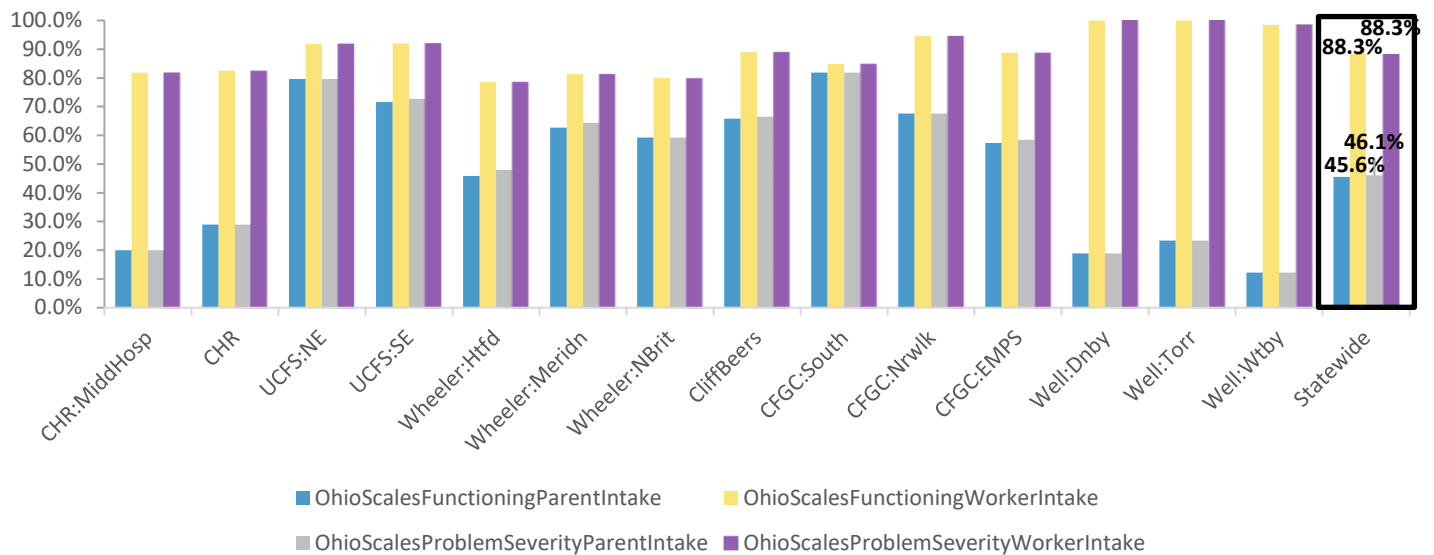
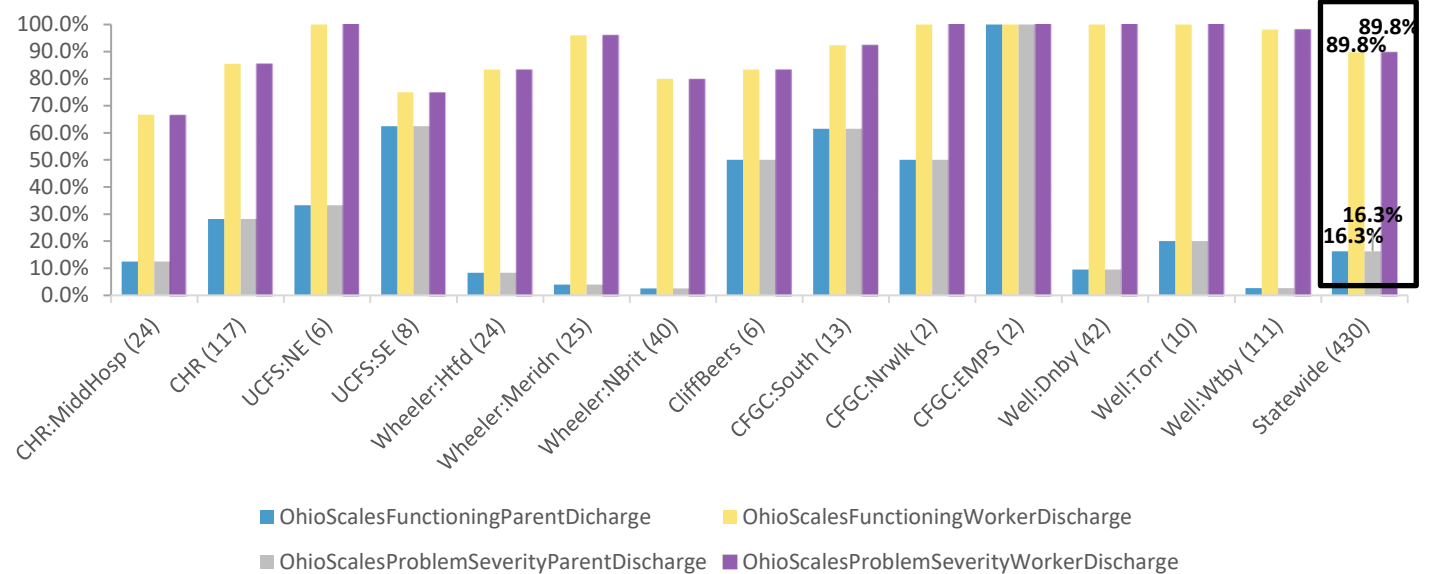


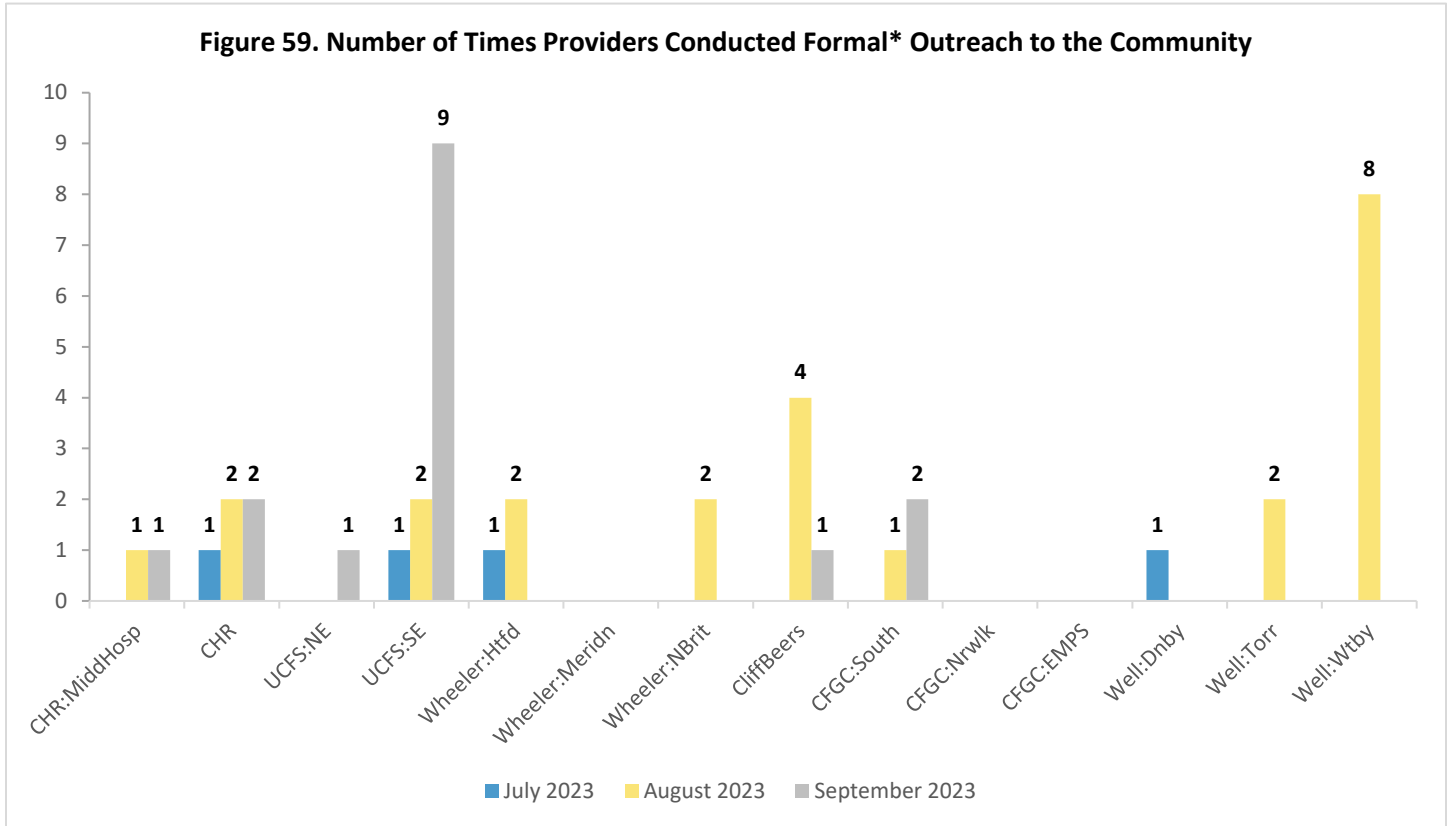
Figure 59. Ohio Scales Collected at Discharge by Provider



Note: Number in parentheses refers to the number of episodes meeting criteria for completed Ohio Scales at discharge (crisis response is plus stabilization follow up with a length of stay of five days or more).

Section XIII: Provider Community Outreach

Figure 59. Number of Times Providers Conducted Formal* Outreach to the Community



*Formal outreach refers to: 1) In person presentations lasting 30 minutes, preferably more, using the EMPS PowerPoint slides and including distribution to attendees of marketing materials and other EMPS resources; 2) Outreach presentations that are in person that include workshops, conferences, or similar gatherings in which EMPS is discussed for at least an hour or more; 3) Outreach presentations that are not in person which may include workshops, conferences, or similar gatherings in which the EMPS marketing video, banner, and table skirt are set up for at least 2 hours with marketing materials made available to those who would like them; 4) The EMPS PIC considers other outreaches for inclusion on a case-by-case basis, as requested by EMPS providers.